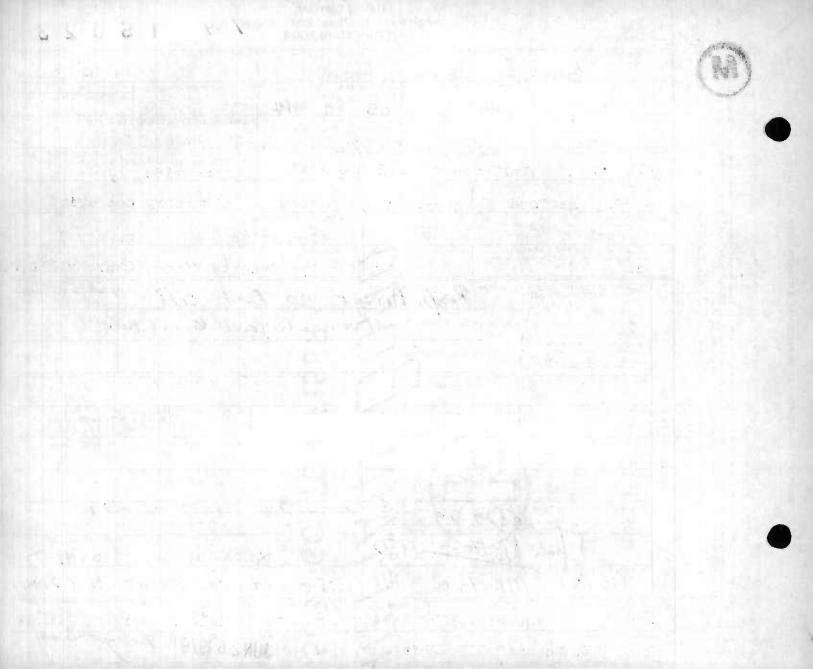
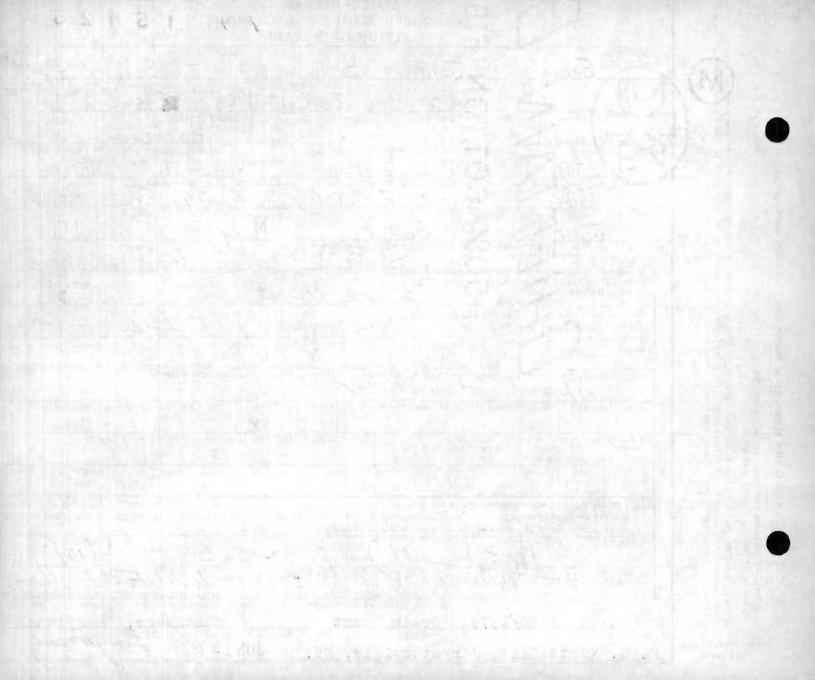
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI Mae TRACE 24 0.20 AM 3 SEX 4 RACE IF UNDER 24 HRS 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR White temale 14 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED T Va ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fallston Hospital Fallston General Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e. STREET ADDRESS 1410 Perrywood Drive 13d INSIDE CITY LIMITS? Harford Md Aberdeen 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Jack Lawson (unknown) Clementine In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-20-3165 Carolyn Annette Mines, Churchville, Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per la principal) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  $\infty$ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 214. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL Muld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 0 BelAir Mem.Gardens BelAir 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial Harford June 27, 1979 BY REGISTRAR 256. RESISTANTES SUS 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 Howard K. McComas III. Abingdon. Md. (VR A 15 (4))





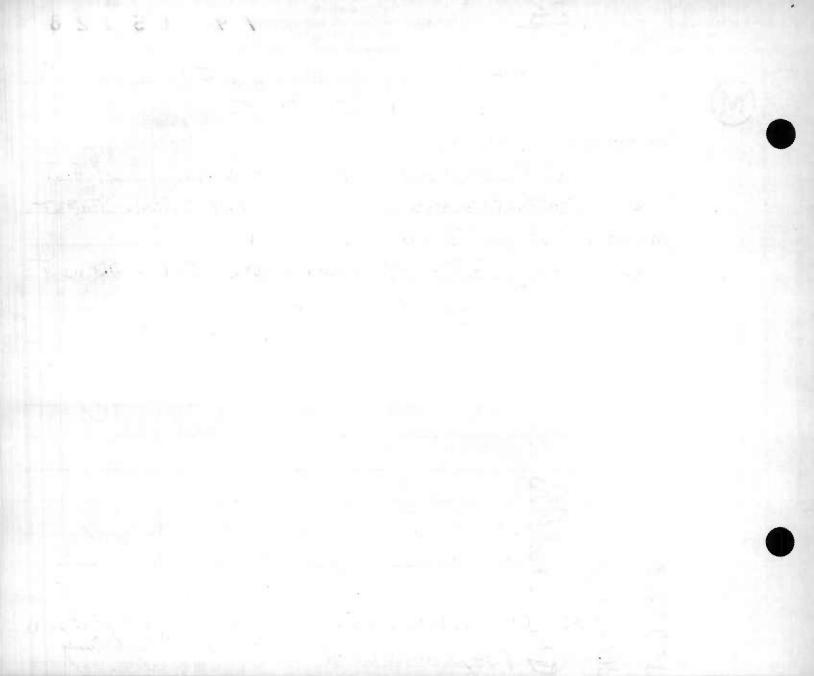


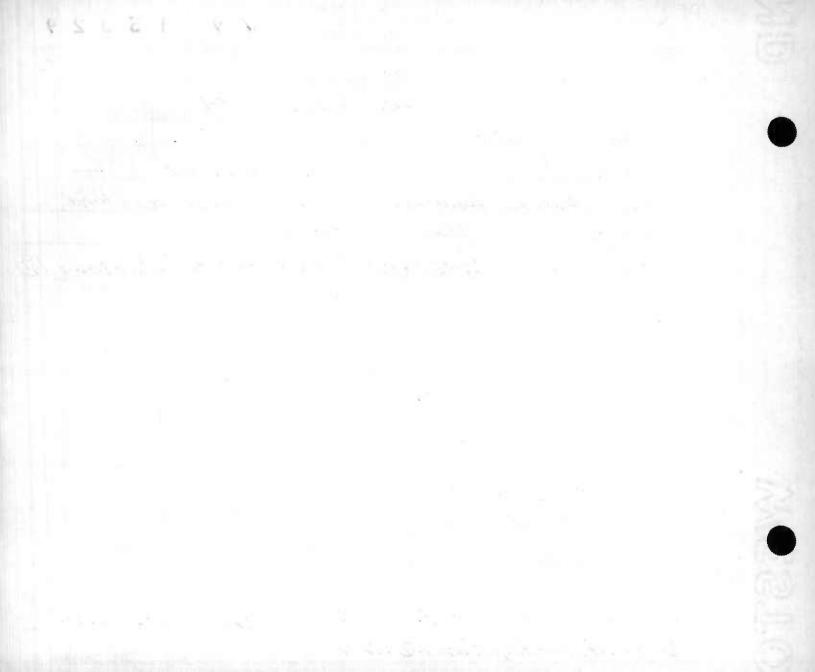
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		gave ri	ns, if any, which ise to immediat ) stating the under	e )	(b)DUE TO, OR AS A (					J		73					
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MEDICAL	21d. WH AT		NOT WHILE AT WORK		218. PLACE OF INJE STREET, FACTORY, FAI			STREET			CITY OR TO	OWN		cou	NTY		STATE
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	AC' SIG	TUAL SNATURE	Urra	insa	LDole	an or	)^		stant	MEDI	CAL EXA	MINER		DATE	6	/8/7	9
7	(TYI	PE OR PRI	NT)		a L. Dola			_ADDRESS_				1 Per	nn S	tre	et		
1			al	236. DA	2/1979	Harford		rial	Gds.	Abe	rdee	n, H	arfo	coun ord	Md	2.	1001
24	NAA		Funeral		GOORES CA	berdeen	. Md.		250. DATE R	JUN	181	979	(EGIST	coffee	7h	N.E.C.	usely

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	3 SEX	- 7 9	RACE White	5. DATE	OF BIRTH	YEAR 1425	6. AGE (IN Y)	AY) MONT	NDER I YR.	IF UNDER	24 HRS.	2c. DATE PRONOUI DEAL	NCED		6	DAY	79	13:2 P
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C	Ał	perdeen		(IF N	192 E	ingle	Avenu	.e			FOR	rtoni	RKING LIFE)	ech.		OR IN	DUSTR	Υ
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111	Ióa V	Harvey VAS DECEASED ES. NO. OR UNKNOW S. NAVY	EVER IN U.S. AR	WAR OR D		B1-166. SO	LAST VM an	5r. 17 NO.	17. INFORM	LT		ALC e Riv	and	Md.	212	1/0/1 20	Urc	)
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	NOI		IFICANT CONDITIONS			Mult	ciple S	calp	Lacer	ation								
	CERTIFICATION	190. DATE OF C		N 196. CONDITION FOR WHICH OPERATION WA				TION WAS PERFORMED?  2D. AUTOPSY?  YES 🔀					NO [					
		210 EXTERNAL UNDERLYING CONTRIBUTING			HOUR A.M		DAY YEA	R	ow injury known	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITE	M 18 PART	I OR PAR	RT 2}		ij
	MEDICAL	WHILE AT WORK		<b>3</b> 5	STREET, FACT	ORY, FARM,			CATION STREET 2 Engl	Le Ave	3.	Aber	deen	На	río	rd Co	٠.,	Mataie
		270 I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	Verge	nal couse	219	Accident		_Autap	, Homic	Inspection cide	Undet	Inquiry ermined m	onner 2	K,	DATE SIGNEI	6/	8/7	9
	(3	SPECIFY	ON,REMOVAL		2/1979		NAME OF CE					ortown berde	en.	Hay	coun	d, M	d. STA	ATE .
17 (5))	24. F	Burial UNERAL DIRECT NAME arring	or Funeral		ADDRESS		arford erdeen	117	7.1.1	25a. DATE	-					IGNATURI		2

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John H. Harkins, 600 Main St., Delta, Pa.

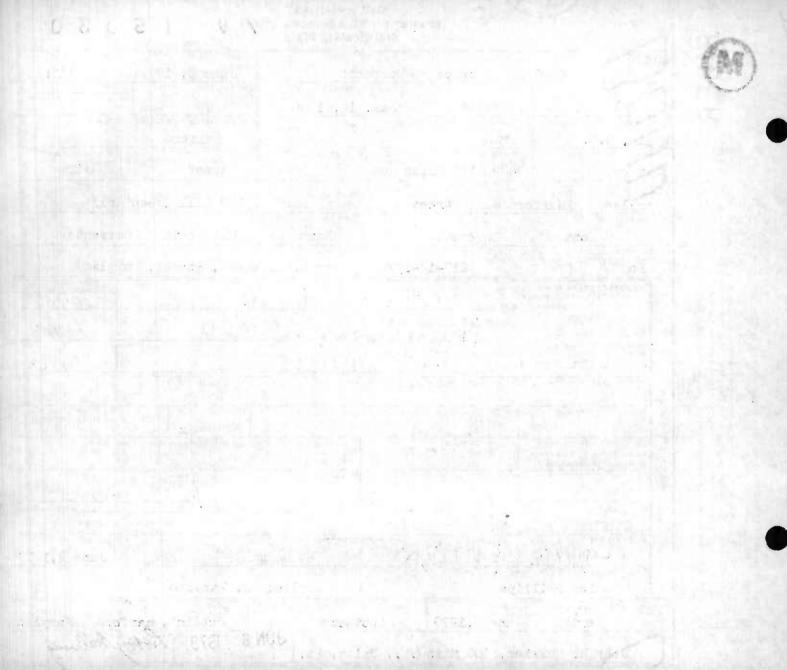
STATE OF MARYLAND

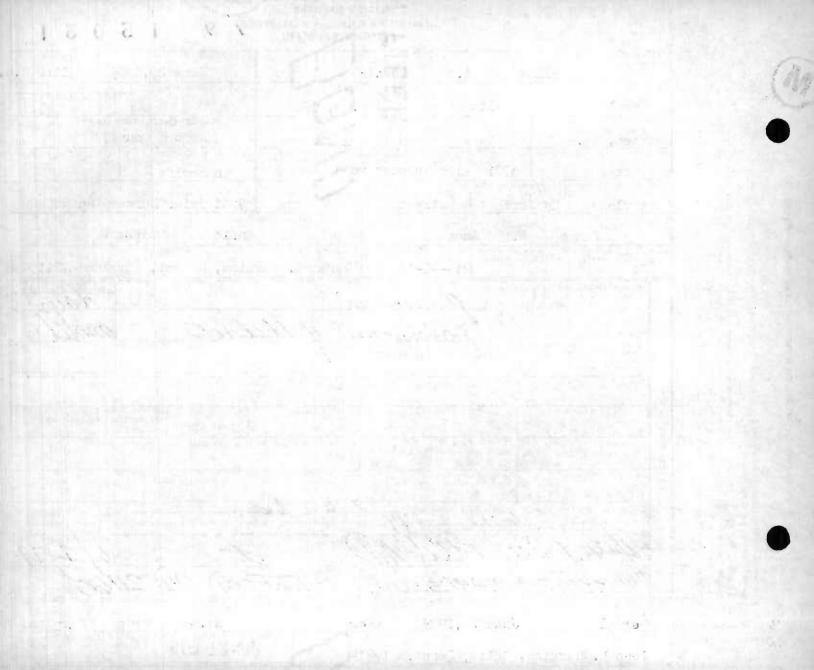
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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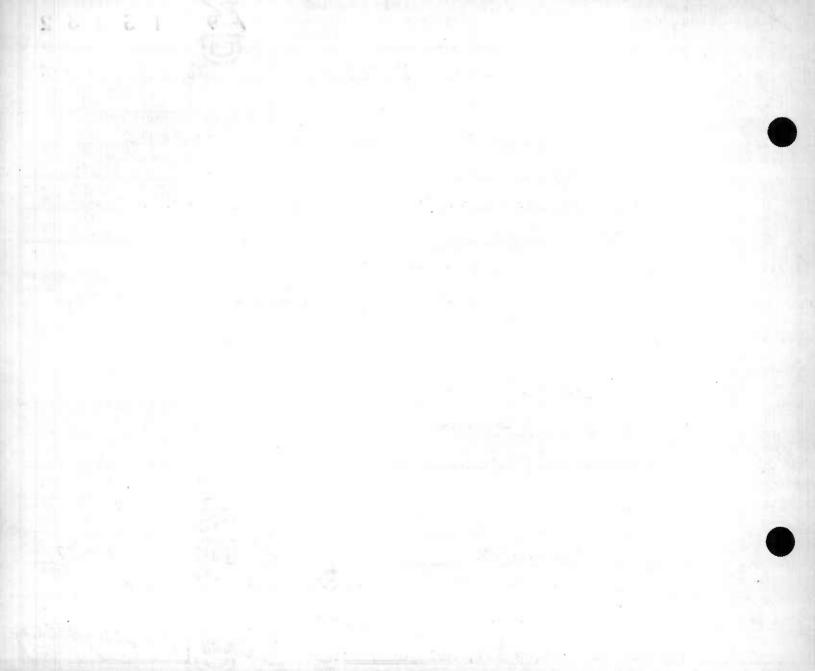
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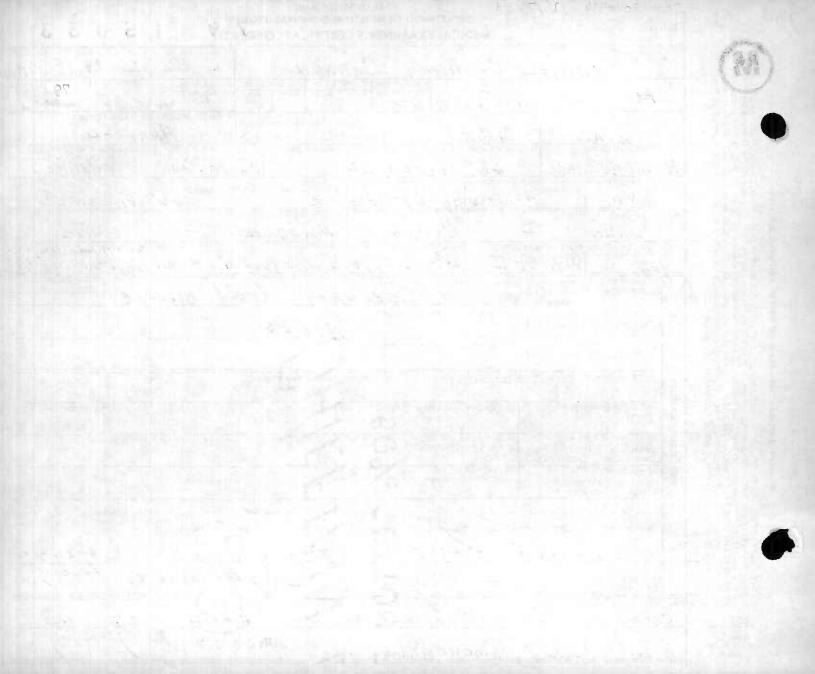




	1			STATE	OF MARYLAND				101
5	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	IENE 7 9		5 0	3 2
	1 DE	CEASED NAME FIRST	MIDDLE	- U	ST		MONTH DA	Y YEAR	26. HOUR
e 4 may be for, page 3 softer death	(TYPI	Russ	ell Lee	R., 7	Lahor	Ju	na. 9	1979	434
pog r de	3 SE		4 RACE	3. DATE O		& AGE (IN YEARS LAST BIRT	HDAY)	UNDER 1 YEAR	IF UNDER 24 HRS
s offi		MAle.	White	Tan.	28, 1920 YEAR	59	YRS	MTHS DAYS	HOURS MIN.
Poor in		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O		OF DEATH	
1 2 2 m	1	Md.	USA	WIDOWE	DI NEVER MARRIED DI	HAR	FOR	D	M
er de	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME O		12a USUAL OCCUPATI	ON		F BUSINESS OR
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completic comple			Leslie Butcl	her	Bessie		I	Harmon	
ond comp oges I an		VAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRE			
n ond c Poges		10	212-1:	2-4230	Leslie W.B	utcher, B	elAir	. Md.	
pers.		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b)	, and ici.i				BETWEEN C	MATE INTERVAL
ng physici bonpapel removal.		PART I. DEATH WAS CAUS	SED BY PAGE (a) PAGE M	oNia .T.	Right, exten	sive		30	Hays
ding or re		1991	DUE TO, OR AS A CONSE		0				- 1
death ce offendin offen, or i fraumofic		Conditions, if any, which	(b)	OULIVEE OF					
the o		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF					
by the ose ren il, crem		underlying cause lost	(6)	GOETTEE OF					
gned b n pleo buriol, ry, or c			CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	01
de la se	S S	Left	prisomonacton	4					
beer rmit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH		WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
hysicion. icote has ransit per Hygiene 18 shaws		3-22-79	Ceremoma			YES NO 🕱	YES		№ □
PHYSICIAN: T frending physici ir this certificate the burial-fronsi the burial-fronsi ond Mental Hyg ced ar Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T 1 OR PART 2)	
SICIA ng ph certif urial:t hemal	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	CAIN .	19					
G PHYSICIAN: ottending physis er this certifical s the burial-tran ond Mental Hy ked ar Hem 18:	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
offer the hon hon rikeo	2	AT WORK AT WORK						110-21	
TENDING Ital or off OR. After or use as if f Health or I is marke		22a I certify that (I) (this has	pital) attended the deceased from	00	-8 19 79				that (I) (we) los
hospitol RECTOR ned for i			not) view the body after death.	9_27, an	d that in (my) (aur) opinian	death occurred on the d	ate and hour	ond from the	causes stated
DIRECT OCH AT THE HOSPING OCH	1	226. SIGNATURE	1.1.	ſ	DEGREE			22c DAJE	SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	1	allex	ydlei/MD		ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	6/9	/79
HOSPITAL  FUNERAL  FUNERAL  PURE Store  PORTANT:	1	224. PHYSICIAN'S NAME	Entremery		22e ADDRESS	401			
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Short Short	23o	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
BP	C	remation	June 12.1978	8 West	Cremater Wew Mem	X Baltim			Md.
DHMH-16 20M		UNERAL DIRECTOR	ADDRESS		25a. DAT	E REC'D. BY REGISTRAR		APSSICHAT	Upper Cree
(VRA 15, 4) 7/78	H		omas III. Ab:	-	. Md.	JUN 12 13	113	/	1



1. D			
	FOR DEPARTMENT OF HEALTH AND MENTA		7
	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE  CEASED NAME FRST MIDDLE	REG. NO.	J
	PE OR PRINT)	OF ESTI-	YEAR 2b.
	EZEKIEL CHINION / CANNON	DEATH MATED DENE 24 191	7 7
3. SI	MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS	PRONOUNCED JINE 25	79 24.
70.	DIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEAT	7
35	OREIGN COUNTRY)  MO:  MARRIED   NEVER MA  WIDOWED   DIVO	RCED HARFORD	ın
10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  667 GREEN, ST.		DE BUSINE DUSTRY PRED
USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 137, CITY OR TOWN 138 INSIDE (ITY LIMITS)		
35	MO. HARFORD HAVREGERACE YES NO		ST
• 14.	ATHER'S NAME IS MIDDLE IS MOTHER'S MA	IDEN NAME	
20	The state of the s	ARET MIDDLE S LAST	4
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 204 /MAIR	Bet
	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-03-5794 May ////	EAST G. VREKEN NEW ARK	DEL
`  =	18 CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c),	APPROX	XIMATE INT
	PART I DEATH WAS CAUSED BY:	Leaf Discore BETWEEN	ONSET AN
	IMMEDIATE CAUSE (o) OPEN AS A CONSEQUENCE OF	netter process	
	7/70	N .	
	gove rise to immediate (b)	D	
	couse (o) stoting the under- lying cause lost.  DUE TO, OR AS A CONSEQUENCE OF		
	(c)		
FICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTO	DEV2
9 2			
MEDICAL CERTIFIC	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCUR	YES (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	N
N O I	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	CONTRACTOR OF HOURS HEM IN PART I OR FART 2)	
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION		
MEG	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)	CITY OR TOWN COUNTY	
	AT WORK AT WORK		
	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspec	tion . Inquiry . ond in my opinion	
	death resulted from: Natural causes . Accident . Suicide . Hamicide	Undetermined manner ,	
	TITLE_LSPECIFY)		
	ACTUAL / CELL / CELL	MEDICAL EXAMINER SIGNED 6 -2	24-
	ISIGNATURE MD COMME	MEDICAL EXAMINER SIGNED	
	SIGNATURE M.D. UCH	111 . 14.	11 1
2	EXAMINER'S NAME LILL E RENJEL 4	sy allience ir. He	u J
230.	EXAMINER'S NAME LUIS E RENJEL ADDRESS 4	y alliered it. He	es J
230.	EXAMINER'S NAME  (TYPE OR PRINT)  LUIJE RENJEL  ADDRESS  4  URIAL, CREMATION, REMOVAL 23b. DATE  SECURIO  SECURIO  123c. NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY	STATE
	EXAMINER'S NAME LUIS E RENJEL ADDRESS 4	CITY OR TOWN	STATE MID



OF CONTRIBUTING CAUSE OF DEATH I EITHER NOTEY MEDICAL EXAMINER

NOT WHILE

saw the deceased alive an,

274 PHYSICIAN'S NAME (TYPE OF PRINT)

228.1 certify that (1) (this haspital) attended the deceased fram

abave, (1) (we) Idid) (did not) view the bady after death

236. DATE

Howard K. McComas III, Abingdon, Md.

214 INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

Burial

WHILE AT WORK

226 SIGNAEUR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 26. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS AZEI 917450 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAYS IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Aug. 1906 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk US-govt USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
139. COUNTY OR TOWN 136 COUNTY 13c, CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MARY MIDDESTRLLE FIRST LAST LAS HARDY MICE ADDRESS 16s WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-24-8674 Caruso Edgewood David no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per land losses) in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DE AS A GONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ICATION. 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES 4 NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR

P.M.

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CYDEET

22# ADDRESS

DEGREE

231 NAME OF CEMETERY OR CREMATORY

7960kesbury Mem.Cem.

ATTENDING

PHYSICIAN

CITY OR TOWN

STAFF

DIRECTOR PHYSICIAN

THE DATE SHOWED

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE - Malredy

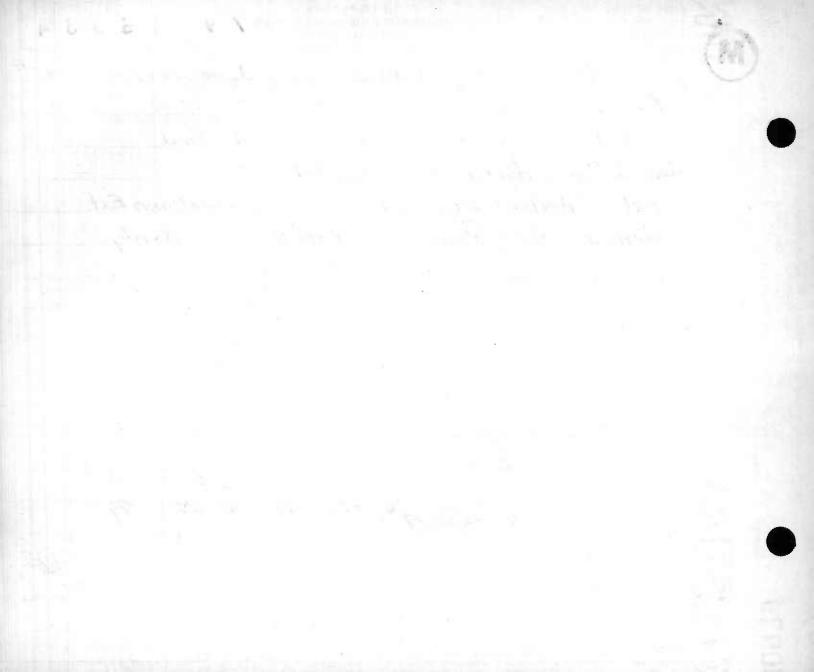
STATE

Harford

CITY OF TOWN

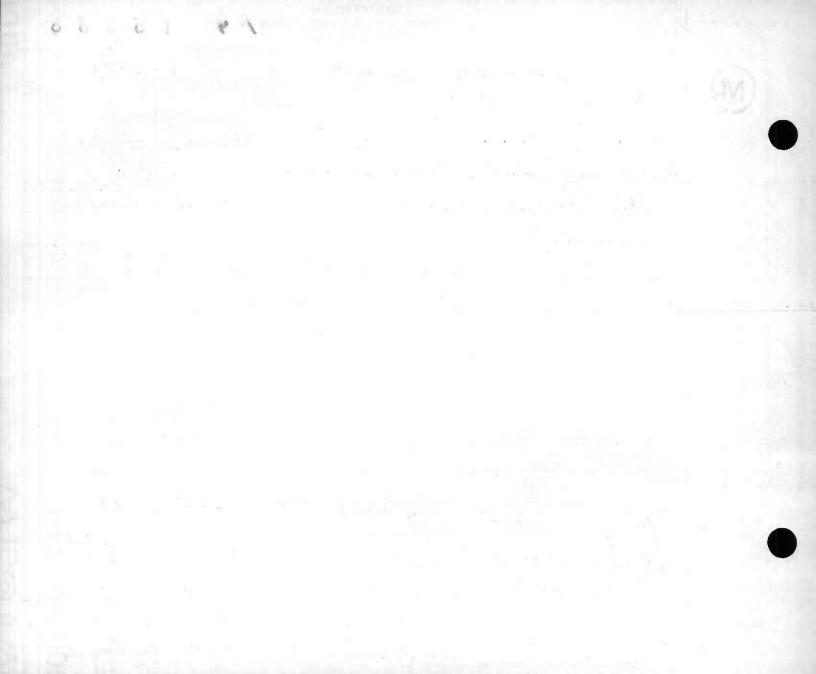
Abingdon

MEDICAL

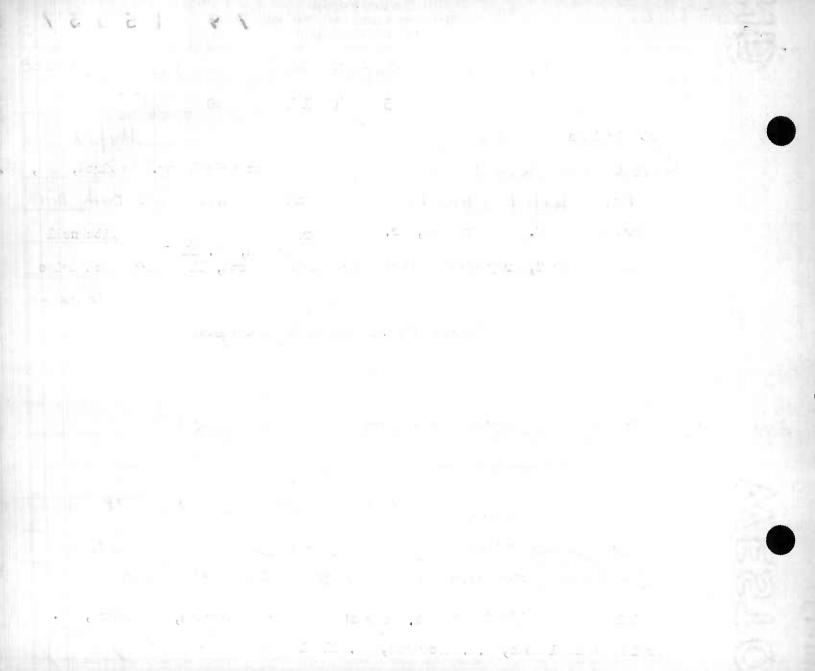


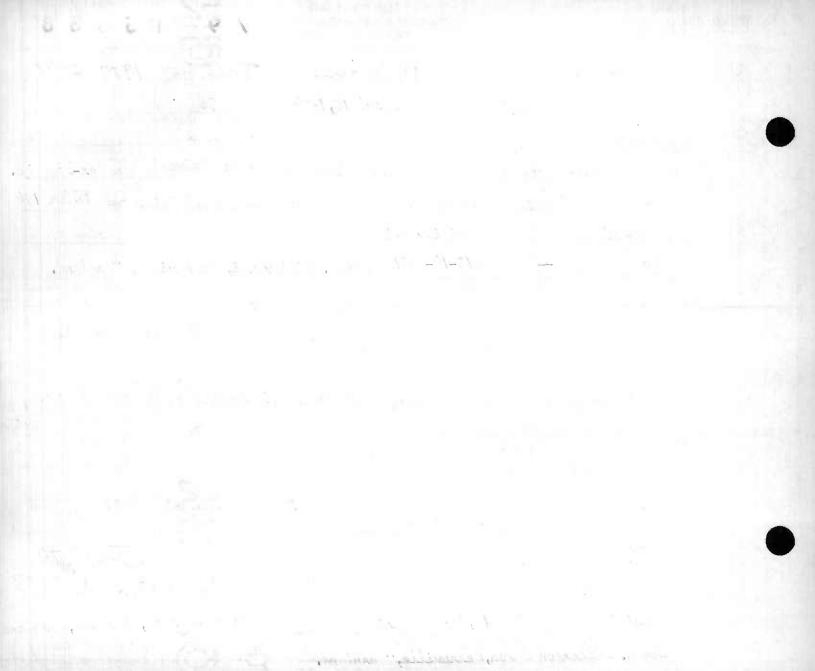
1	-	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 5
0/1	600	'-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3 3
12			CEASED NAME, FIRST	MIDDLE LAST Za. DATE KNOWN MONTH	DAY YEAR 26. HOUR
10		(TYI	E OR PRINT) WESTE	O. Christen Sen Sr. DEATH MATED [ 61	2 1,79 10PM
	PLE RECT R FIII HO STREE	3 SE	4. RACE	5. DATE OF BIRTH  MONTH DAY  YEAR  6. AGE (INYEARS   FUNDER 1 YR.   IF UNDER 24 HRS.   20. DATE  MONTH  MONTH DAY  YEAR  LAST BIRTHDAY)  MONTHS   DAYS   MONTHS   PRODUCTION CFD	DAY YEAR 2d HOUR
	LECESSARY, PUNERAL DIRE. FOR YOUR WITHIN 72 H		White	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	19 M
- 4	SSA RAL R Y HIN	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNT	
	NECESSA FUNERAL 5 FOR Y WITHIN W PRESTO	1	REIGN COUNTRY!	U.S.A. WIDOWED DIVORCED E Harford Cour	+
	Z L U . 3	10. C	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS
			Fallston	UENDT IN THE HEADT IN THE STREET ADDRESS)  FOR MOST OF WORKING LIFE)  THE STATE OF WORKING LIFE)	OR INDUSTRY
	3 TO AIN P.	USU	AL RESIDENCE (IF IN NURSING HOME O	OTHER DISTRICTION CHAR RESIDENCE RESIDENCE ADMISSION	Trucking
10016	AND 3 TRETAIN HOULD B	13a. S	TATE MA 136. COUN	TTOY 0 131. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STBFET 10 Pulaski	Hi-Way21220
	H. IF	14. F.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
QW.	EST SEAT	1	Theo	Christensen Krista MIDDLE	Sorensen
0	O A O A	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 7.7	
BALTIMORE	URS AFTER DEATH, IF ANY DEBOTE BY DEATH, IF ANY DEATH FORW PM. 3. RETAIN UNTH FORM PM. 2. SHOULD DIVISION OF VITAL RECORD	-64	yes (IF YES, GIVE	TAIN ON DATEO;	Balto. 21222
	MIN DIN		18. CAUSE OF DEATH (Enter an	y ane cause per line lar (a) (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.	V 24 HOU V ITEM 1B ALONG V PERMIT. YGENE, D		PART I DEATH WAS CAUSED	ECAUSE (o) KESPIYETOYV MYYEST	WEST TOTAL
0	HIN 24 IN ITEA R ALON SIT PER HYGIE!		1790	DUE TO, OR AS A CONSEQUENCE OF	
Q.	D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		Canditians, if any, which gave rise to immediate	I midezprega Carcinoma.	
3	ZZZZZZ		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
301	E Z X Z X X		lying cause last.	(c)	
SC	XEC GAL BU		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
RECORDS	PENDING" IN THE MEDING IN THE	Z			
7	HIEF WED VED VISED VISED VICES	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITAL	CHIEF OF HILL	끮			YES NO
>	S CERTIFICATE SHO RITING THE WORD RED TO THE CHII RE 3 SHOULD BE US E DEPARTMENT OF I PRIOR TO BURIAL,	ER	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
DIVISION OF	TAME TO B	AF	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	
015	RTIFIG VG TH SHOU SHOUL	20	21d. INJURY OCCURRED	PARTH P.M. 19  21e PLACE OF INJURY (ATHOME. 21) LOCATION	
>	THIS CER WRITING WARDED PAGE 3 S TATE DEP	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
	R: THIS ( TE, WRII) ORWARD : PAGE STATE		AT WORK AT WORK		
			22a I certify that I took charg	e all the remained described abave, held an Autapsy 🔲, Inspection 🔲, Inquiry 📜 and in my opi	nion
4.5	MINE FICA FICA AND AND		death resulted fram: Natur	al causes , Accident , Suicide , Hamicide ! Undetermined manner .	
	EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE VARYLAND,		71/11/	TITLE (SPECIFY)	1/15/50
	AL EXAL DIED AL DIED A		SIGNATURE // WWW	M.D. ASS HO MEDICAL EXAMINER SIGNED	6/13/11
	DIC.		1 1	1 P Do 50 00 101 to 11 101	I-117 Mal
	MER I		(TYPE OR PRINT)	1964 1. 11Moss PODRESS 7104 165234 [1] 16 KG	1) Lalkelou IAM
	TO MEDICAL E EXECUTE THE C PAGE A SHOU AFTER DEATH, B BALTIMORE, MA	23 c. B	URIAL, CREMATION, REMOVAL 2	16. DATE 231. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OR TOWN COUNTY	TY STATE
	BP.	1	Burial	6/16/79 Oak Jawn Balto.	
	DHMH · 17	24. F	JNERAL DIRECTOR	25a. DATE REC'D, BY REGISTRAR 25b, ACGISTRAR'S	GNAURE TY Land
	(VR A15 ME (5)) 15M 7/77	Day	da-Ruck Inc.	ADDRÉS 22 Wise Ave. 21222 JUN 1 5 1979	- way

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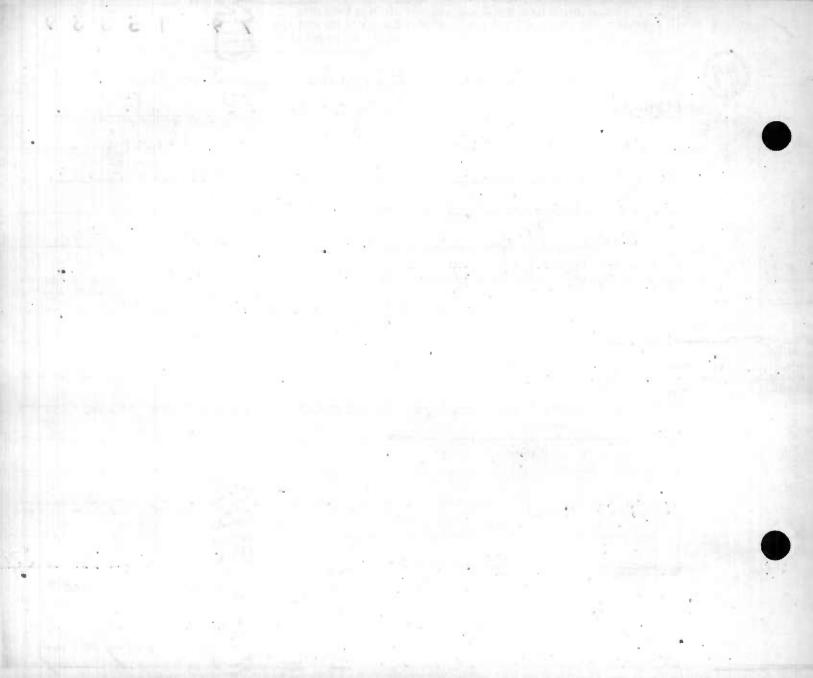


		1.	FOR STATE REGISTRAR		D	EPARTMENT OF CERTI	HEALTH AND M FICATE OF DE		IENE 7 9.	10	5 0	3 /
MI)		1 DE		FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
200		{TYPE	OR PRINT)	larti	J T.	Ci	appett	JR.		June	9 1979	10:22 PM
0.0		3 SE			ACE		OFBIRTH		& AGE   IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
9.5		o i	Mal		white	MONI 3	IH DAY	1919	60	YRS	ONTHS DAYS	HOURS MIN
6.8	10	70. B	RTHPLACE (STATE OR FOREH	GN 76 (	CITIZEN OF WHAT CO	UNTRY?	ED NEVER MA	A B B IE D	BALTIMORE CITY		OF DEATH	,
neral n 72	25		est Virginia	a	USA	WIDOW		ORCED			Harton	d MD.
24	0	10 C	TY OR TOWN OF DEATH	11.	NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTIT	NOITUT	12e USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
t p	0/	14	rure de 91m		tartord M	LeMorial	Hosp		lechanical	Eng.	Retire	d, APG, 1
ed be	o to	USU.		HOME OR OTH	13c CITY	OR TOWN	134. INSIDE CIT		13e. STREET ADDRESS	0. 11	2 1	D. *
though /	E	11.5	Ma.	Hart	erd   Hb	erdeen		NO [A]C	2108	Park	Duch	Drive
ampleted and 2	2	14. F/	Martin	MRD	Cupp	ett, Sr.	N	ora.	WIDDLE		Titel	nmell
ond co			VAS DECEASED EVER IN	U.S. ARMED	CORDATES	IAL SECURITY NO.	17 INFORMAN	"Aberd	een, Md. ADO	£801		
Pool			Yes V	War 2,	Army 236-	20-7241	Mary B	anks C	uppett, 21	08 Park		
pper	,		IS CAUSE OF DEATH	Enter only o	ne couse per line for (o	), (b), and (c). (	, ,		, ,		APPROXIM BETWEEN O	NATE INTERVAL
оп ре	2		PART I. DEATH WAS	MEDIATE C		SUDJEMIC	. Shock	prof	DUND		3	hours
orbo	OIL OIL		4413		DUE TO DE AS A CO	NSEQUENCE OF	,	1.				
ove or			Conditions, if any, w		(b) Rupt	ured abo	ominal a	or fice	ancorysm			
remo	i i		gove rise to immed couse (a), stating		DUE TO, OR AS A CO	and testing			0			
by by cr	5		underlying couse	lost (	(c)							
Signed Then ple to burn	, x	NO	PART 2 OTHER SIGNIF	CANT CON	DITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED T	O THE TERM	INAL DISEASE OR COM	IDITION GIVE	V IN PART 1(o	1
mit.		ATE	190 DATE OF OPERATIO	N	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFOR	MED	20a AUTOPSY?	206 IF YES,	WERE FINDIN	GS USED
hos per	2	CERTIFICATION	6/9/79		Ruptured	aneurys	m		YES NOW	IN CERTIFY YES	ING CAUSES	OF DEATH?
ysical cole onsil Hygi	7	CER	210. ACCIDENT WAS UNDERL		216. TIME OF INJURY	-	21c HOW INJU	URY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM TO, PAR	T 1 OR PART 2)	
p ph	/	A	OR CONTRIBUTING CAU		HOUR A.M. MON	TH DAY YEAR						
bur C	5	MEDICAL	21d INJURY OCCURRED	)	21e PLACE OF INJURY	1	211 LOCATION	4				
otter the strength of the stre	2	₹	WHILE AT WORK		AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	SIKEEI		CITY OR TO	WN	COUNTY	STATE
S. Al			220.1 certify that () (th	is hospital)	ottended, the decease	d from	19	19 79		9 1	979.1	hot (() (we) lost
of H	7		sow the deceased ( above, (1) (we) (did)	olive on	6/9/79 ew the body ofter dept	h. 19	and that in (my) (c	our) opinion o	death accurred on the	date and hour	and from the c	ouses stated
hos hed hed hept	b E		77b. SIGNATURE	) 0	1		DEGREE				22c. DATE S	IGNED
AL Deto			and 3	ugoke	utord		AT Ph	TENDING TYSICIAN	DIRECTOR PHYS	CIAN [	6/9/	79
NER be o			224 PHYSICIAN'S NAMI				27e ADDRESS				2	
TO FUNER/ should be d	5/		AW. GRI	GOL	EIT MD		HAVKE	de G	PRACE, Ma	1 21	078	
ē ≒ # 3 3	2	23a. E	BURIAL, CREMATION, REA	MOVAL 2	3b. DATE		CEMETERY OR CR		234: LOCATION CITY OF TOWN	0	OUNTY 9	N.E. STATE
BP	. 1		Burial		6/12/1979	St. Ge	orge's C	emeter	y Perryma		riord,	
DHMH-16 20	м	24 F	UNERAL DIRECTOR		AD	DRESS		25a DATE	SIGN BY REGISTED	Sb. REGISTS	PROTUNE	Woody
(VRA 15, 4) 7		1	arring Fune	ral H	ome, P.A.	Aberdeen,	Md. 210	JOIL	POIL T O 101			. /



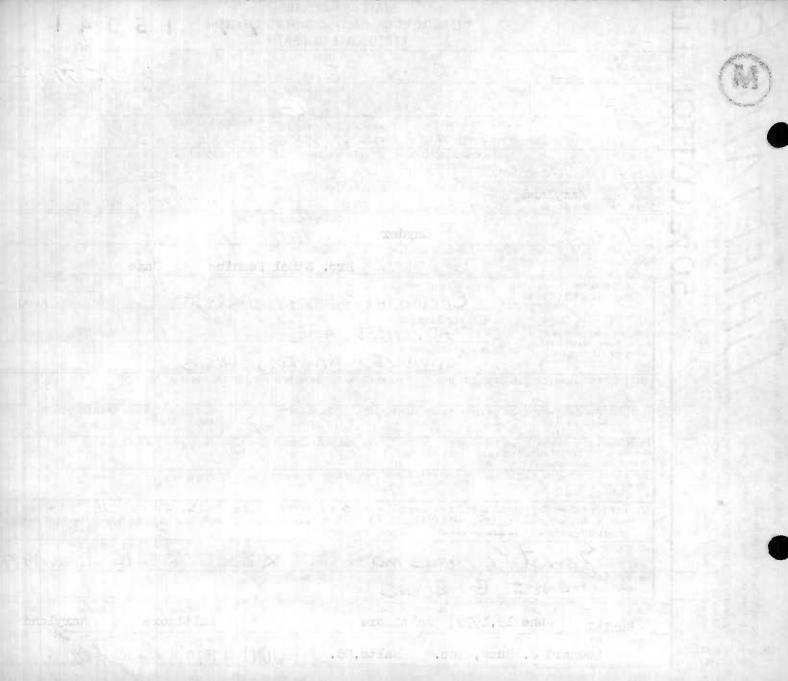


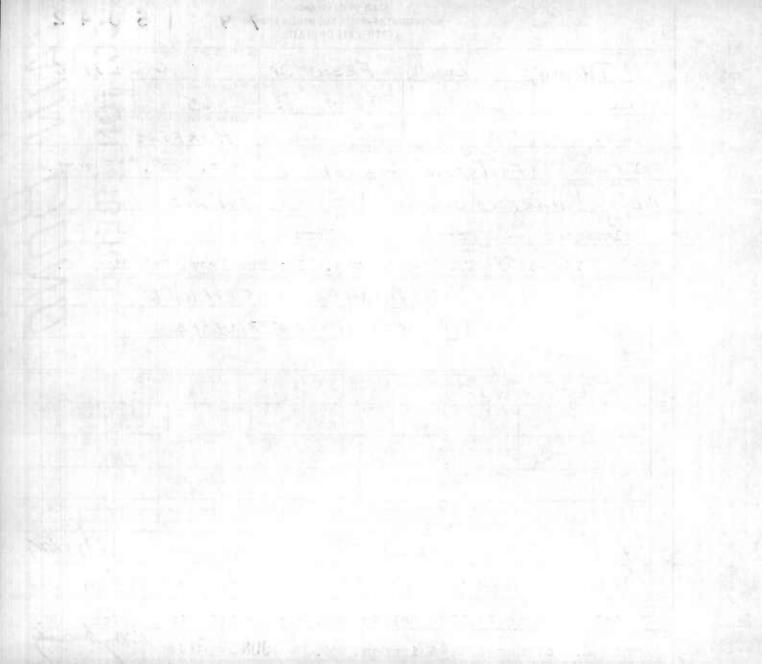
	1			STATE OF MARYLAND	1000		63
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9 REG. N	1503	4
-	1 DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH		HOUR 30
(flat)	{TYPE	OR PRINT)	2011	Fliredo	Tone	30 1979	8 -0
(41)	3. SE	Dale.	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF U	NDER 24 HRS
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ارة الأوا	70. B	RTHPLACE (STATE OR FOREIGN	Th CITALEN OF WHAT GOUN	MARRIED MEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
funeral thin 72 lithin 72	1	CalitorIVIA	01. 5.19,	WIDOWED DIVORCED	+	tar ford	M
0 23 .7 ./		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	// // - / / //	12a USUAL OCCUPAT	ON 126 KIND OF BU INDUSTRY.	SINESS OR
		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	EFFORE ADMISSIONI	TATECTO	ALLEY THE CITY	7 19 1
should be in the standard be in	130.	TATE 134 COUNTY	NTY . I HANCUY OR	TOWN YES NO NO NO	130STREET ADDRESS		
7 26	14. F/	THER'S NAME	hooke / / /	15 MOTHER'S MAIDEN NO	AME MIDDLE	Uni	R.
ond co	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT 34-2019 Mrs Dale	Edward	5 59	me.
اب ق ف		CAUSE OF DEATH (Fores of	nly one couse per line for (q)/	h) and (c)	1	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
physici on poper emovol event, th		PART I. DEATH WAS CAUSE	D BY:	arcinona 81	Dance	eas > Lu	worth
0000		1579 MMEDIA	TE CAUSE (o)	A. A.			
deoth ottendi ave cor tron, o		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF			
s that the death ce ed by the attendin alease remove carb rial, cremation, or i or other troumatic		gove rise to immediate couse 10), stating the	(b)				
that the state of cree or othe		underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF			
Program, y	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)	
	CERTIFICATION		The same results as a	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	LISED
law r	7 ₹	19a DATE OF OPERATION	196 CONDITION FOR W	WHICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF	DEATH?
SICIAN: The lor ng physician. certificate has lariol-transit perriental Hygiene pitem 18 shows a	1 2		711 7007 05 3111/69	21c HOW INJURY OCCU	YES NO	900	0 🗆
SICIAN: T ng physici certificate iriol-transi ental Hygi Item 18 sh		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			RRED (ENTERNATURE OF INJU	JRY IN HEM 18, PART I OR PART 2	
YSICIA ding ph s certifi buriol-ti Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
H P SE SE	ē	21d. INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	CUIV OR TO	COUNTY	STATE
9 0 2 v c T	1	WHILE NOT WHILE				- > > >	
ENDING tal or o OR: Afte ir use os i Health		22a. I certify that (I) (this hasp			10 June		(I) (we) los
Pite Pite Pite 212	- 1	saw the deceased alive or above, (1) (we) (did) (did no	wile the body ofter death.	ond that in (my) (our) opinion	n death occurred on the c	late and hour and from the caus	
U E		226. SIGNATURE	3/0	DEGREE		Mr. DATE SIGI	NED
7 + 7 + 9 -		-	To all	ATTENDING PHYSICIAN	MEDICAL STA		50,17
O HOSPITAL TO FUNERAL Should be deto with the Stote	-	THE PHYSICIAN'S NAME (TYPE OF	OR PRINT)	M.D. Haire	le Grace	, lud, 210	578
Should with	23o	BURIAL, CREMATION, REMOVAL	23b. DATE	73c NAME OF CEMETERY OR CREMATORY	119 LOCATION	SA F	******
BP	1.30	Burial	7-2-79	Whost Willinghow	Coloro	CecTL	M.J.
	201	WHERACTORSCIOR AA	11 ()	734 DA	TE REC'D. BY REGISTRA	256. REGISTRAR'S SIGNATURE	
DHMH-16 20M (VRA 15, 4) 7/7B	17	Sume TIP TIUL	en 13	ing DNN, Md.	JUL 5 1979	holes 1840	Morely



2. *			FMARYLAND	
7	11-	FOR DEPARTMENT OF HEAL'	TH AND MENTAL HYGIENE	1 1 0
	1	REGISTRAR MEDICAL EXAMINER'S	S CERTIFICATE OP DEATH REG. NO.	7 0
		CEASED NAME FIRST MIDDLE	LAST Ze. DATE KNOWN C MONTH	DAY - YEAR 2b. HOUR
2 2 2 2 E	(TY	PEORPRINTI WILLIAM SIMEON E	OF ESTI-	E11 19 99 Zm
	3. SE	14 (04 1911	UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR
(M)		M NAR. 20, 18978 Yrs.	ONTHS DAYS HOURS MIN PRONOUNCED DEAD JUNE	11 1079 Ypm
Man OF WOY	70 B	IRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MAI	ARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN	ITY OF DEATH
S FORE			OWED S DIVORCED D	ORD MD.
오부뽔료는	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS
300	H	HUREDE GAME 731 WARREN, S	T. PHIMBER A.P. G.	RETIRED
F ANY DEL AND 3 TO RETAIN I HOULU BE	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  136. CITY OR TOWN.	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
21201 IF ANY E 3. RETAIN SHOULD L RECORE		MD. HARFORD HAUREDEGRACE	E YES & NO 1 731 WARREN.	57-
PA I D	14. F	ATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME	. LAST
E, MD DEATH SES 1, A PM AND 2		SIMEON - ELLERS	CHEODISA -	MILLER
BALTIMORE, M URS AFTER DEAT B. GIVE PAGES 1 WITH FORM PW DIVISION OF VII	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES?  (ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 3310	FORDHILRD
BALTIMOURS AFTEI URS AFTEI B. GIVE P. WITH FO DIVISION		NO - 717-09-26	126h. WILLIAM S. ELLERS, STR	BET. MD, 21154
., BA DURS 18. G WIT. PA		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),		APPROXIMATE INTERVAL
M IST.		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CORON	IARY heart DIHECTE	BETWEEN ONSET AND DEATH
PRESTON ST VITHIN 24 HG CIL IN ITEM 1 NER ALONG ANNIT PERMI AOVAL.		4/4/ DUE TO, OR AS A CONSEQUENCE OF		
I W. PREST		Canditians, if any, which	CUD	
W. W. BENCH		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF		
		lying couse last.		
EXECT VG" 1 ICAL A BUF 10N,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISP	CASE OF CONDITION CIVEN IN BART 1 (-)	
A TA	Z	STATE OF THE LEARNING THE LEARNING THE LEARNING THE LEARNING THE STATE OF THE STATE	CASE ON COMMITTION OFFICE IN FART 1 (Q).	
AL RECHOULD E TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20. AUTOPSY?
ITAL BHOU RP "USE CHIEF OF H	F			YES NO
OF VITA	1 8	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c.	. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART   OR PA	
DIVISION OF VIT S CERTIFICATE SI RITING THE WOO ROED TO THE O E 3 SHOULD BE E DEPARTMENT! PRIOR TO BELL		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19		
/ISIO	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f I	LOCATION	
DIVIS HIS CER WRITING WRITING WRITING GE 35 VITE DEF	X	WHILE AT WORK STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN CO	OUNTY STATE
F . > 4 . 5				
		220. I certify that I taak charge of the remains described above, held an Aut	topsy 🔲 , Inspection 🔲 , Inquiry 🔲 , and in my of	pinion
EXAMINE: CERTIFICA CERTIFICA DIRECTOR WITH THE ARYLAND,		death resulted fram: Distribution causes : Accident : Suicide :	, Hamicide, Undetermined monner,	
OLICERA WINNER		ACTUAL P	TITLE (SPECIFY)	1
THE THE ATH,	+	SIGNATURE CHIP	M.D. Deputy MEDICAL EXAMINER SIGNE	ED 6-11-19.
MEDIC CUTE T SE 4 S FUNER FUNER TIMORI	1	EXAMINER'S NAME LUIS E, RENJEL	ADDRESS HAVRE DE GRACE MA	
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND.;			ADDRESS	
<b>₩</b> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	23a.B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY	11 COUNTOWN 1/ COUNTOWN	~
BP	24.5	JURIAL JUNE 14,1979 HARFORDA		ORD, MD
DHMH - 17 (VR A15 ME (5))	14.1	NAME ADDRESS	P. L	SIGNATURE
15M7/77	1	MACUSAMINICALL, HAVRE DE GRACE,	140. JUN 1 3 1979 Mayor	7/////

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Inst 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 45 M mmons 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS MONTHS HOURS aucasion 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED America WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY pino 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission). STATE Nary Lands, COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🔽 NO ( ed onic 748 A Cedonia 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Snyder BALTIMORE, 16g. WAS-DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes no, or unknown) Mrs. Ethel Pesnick Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line forc(a), (b), and (c).) certificate BETWEEN ONSET AND DEATH PRESTON STREET, PART I. DEATH WAS CAUSED BY: ARDIO-RESPIRATORY IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF ADVANCED AGE Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please ADVANCED ATHEROSLEROSIS DIVISION OF VITAL RECORDS, 301 W. equires that PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (+) (this haspital) attended the deceased fram \$17 MAY, 1979, to 15 JUNE 1979, that (+) (we) last saw the deceased alive an 1979, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN NAME (Type) TRNES 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. June 19,1979 Baltimore REMOVAL (Specify) Baltimore Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M Leonard J. Ruck. Inc. Balto, Md. 1970 (VR A15 (4))





FOR STATE REGISTRAR			DEPARTI	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE S	REG. NO.	1 5	0	4	3
EASED NAME	FIRST		MIDDLE		LAST	28 DATE OF	DEATH M	ONTH D	AY YEAR	2h. HO	UR
	iNNi	<b>c</b>		F	riedel		Jun	c 20	1979	1 3	3 7 M
		4 RACE		5. DATE (		AGE (IN YE	ARS LAST BIRTHD		IF UNDER 1 YEA		ER 24 HRS
emale		White	p Notes	MONT	22 1890	89		YRS.	ONTHS DAY	S HOURS	MIN
THPLACE (STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
wa		USA		WIDOW		1	tarfo	bo			MD.
Y OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION			OF BUSIN	IESS OR
re de Ge	ACC	Harton	d Mem	loira	Hospital		maker	AOWKING ENE	Hom		
L RESIDENCE (# NUR	1136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	1134 INSIDE CITY LIMITS?	13. STREET					
ryland	Harf		Aberdee		YES NO 🔯		Park	Beach	Driv	е	
THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME .	MIDDLE		3		
hn			chinzel		Minnie		√ MIDDLE	H	ess	LAST	
AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	5		2002	
)	] # 1E5, GIV	E WAR OR DATES	478-80-4	412	Earl R. Haag.	1708 Pa	ark Be	Mary L ach	and 2	1001 Aber	deen
PART I. DEATH V	VAS CAUSE	nly ane cause per D BY. TE CAUSE (a)	line far (a), (b), an	in -	rupini	tory	au	Unt		OXIMATE INT IN ONSET AN	
Canditians, if any		DUE TO, O	AS A CONSEQUE	NCEOF	ale Cong	ethi	1 4	eng	Ful	· · ·	
cause (D), statii underlying cause	ng the	DUE TO, O	AS A CONSCOUR	NCE OF	alerrici	Heen	y D	wer	ic		
PART 2. OTHER SIG	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	N IN PART	l(a)	
190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO			WERE FINE		
						YES 🗌	NO			NO	
210. ACCIDENT WAS UN	DERLYING [	216. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY	N ITEM 18, PA	RT 1 OR PART 2	)	

CERTIFICATION 19a DATE OF OPERATION 196 CON

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

19

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

STAFF

COUNTY

STATE \_\_, that (I) (we) last

NOT WHILE 228 I certify that (1) (this haspital) attended the deceased from, saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did npt) view the bady after death. DEGREE

21f LOCATION

ATTENDING

PHYSICIAN

226 SIGNATURE

REGISTRAR . DECEASED NAME

TO BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

(TYPE OR PRINT)

COUNTRY) OWa

13a. STATE

John

No

Maryland 14 FATHER'S NAME

(YES, NO OR UNKNOWN)

3. SEX

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Item 18

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MPORTANT

MEDICAL

WHILE

Removal

AT WORK

Pe

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

21d INJURY OCCURRED

236. BURIAL, CREMATION, REMOVAL

June

21e PLACE OF INJURY

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Aspen Grove Cemetery

23d. LOCATION CITY OR TOWN

MEDICAL

77c DATE SIGNED

Lowa

FUNERAL DIRECTOR

should be detached with the State Dept

DHMH-16 20M (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR

236. DATE

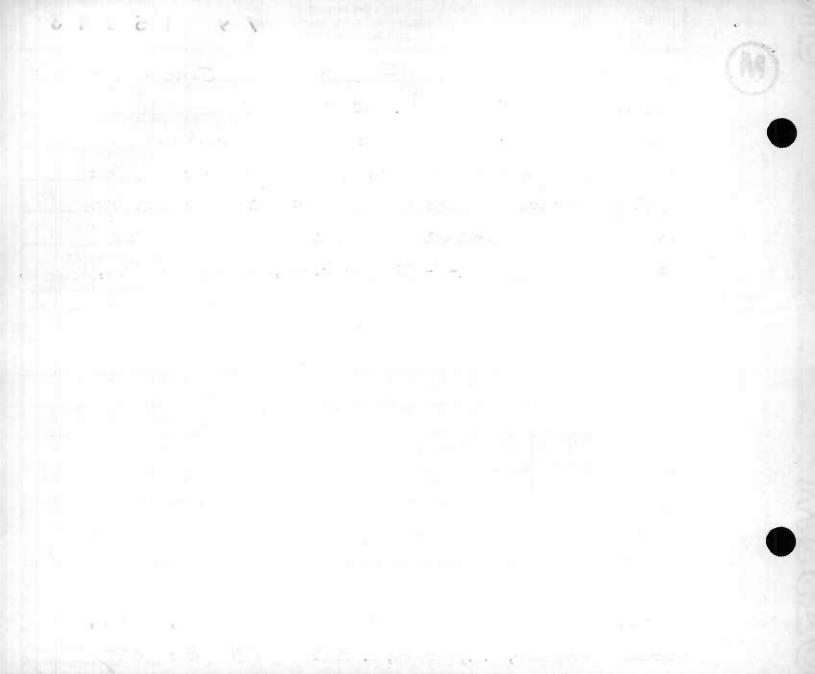
ADDRESS

Aberdeen.

Burlington, DesMoines,

DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE



	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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2120	hours	in b
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AKTL	with	oletely id 2 sl
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	ertific	on by
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3	thot	d by eose ol, cr
DIVISION OF VILAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND 21201	quires	signe hen p
	w rec	mit. T
AL KE	The lo	has it per
-	Physic	front frons
2	IYSIC	s cert buriol
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2	NDIN o lo	R. Af
	ATTE	ECTO ed for
	the h	at DIR
	SPITA d by	NERA be d
	TO HOSPITAL OF ATTENDING PHYSICIAN: The Iretoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carban popel with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.
	7	- ~ >

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

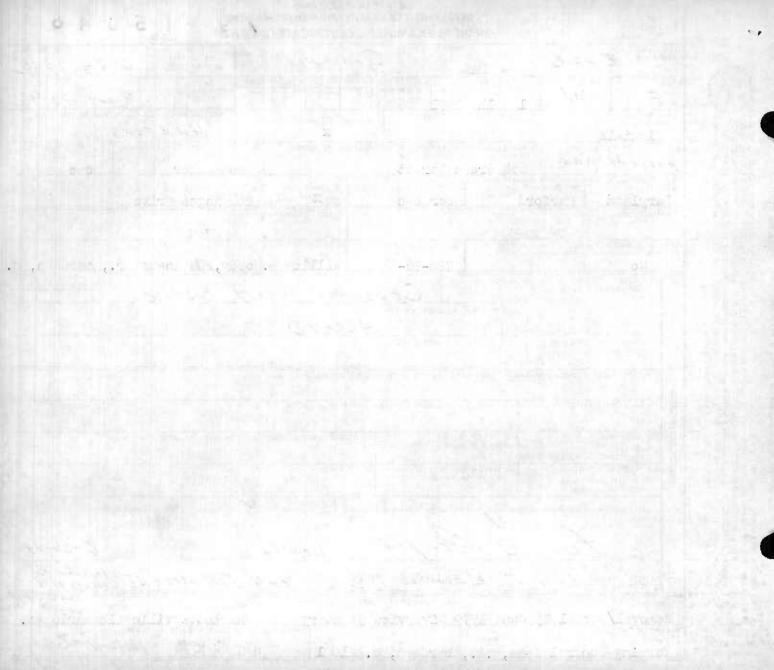
	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	INE 9	5	0 4	4
		CEASED NAME FIRST	M	IDDLE	(	AST A A A A A	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		EDNA	ESTE	LLE	51	ABLEK	100	6 29	1979	5:45P M
1)	3. SE	X	4 RACE		S. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
V		Female	Whit	e	3 MONTH	17 1893	86	YRS.	NIHS DAYS	HOURS MIN
	70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	1
102/		Maryland	USA		WIDOWE		Harford			MD
otified	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS)			12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS O			
pe	USU	Aberdeen AL RESIDENCE (IF NURSING HOME OF		PRINTER PRINTPUR PRINTER PRINT			Seafood		Resta	urant
tson a	130 3	STATE 136 COU	YTY	13c. CITY OR TOW	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	-	aryland Har	ford	Aberdee	n	YES NO IN NO.	2206 Perr	yman Ro	pad	
uim.	14. EA		MIDDLE	LAST		FIRST	4, WIDDIE	3	LAS	T
ě.		Frank		Kroh		Eliza			eight	
dico	16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ss Marv	land 2	1001
8		Yes		220-42-6	306	Walter G. Gab.	ler, 2202 Pe	rryman	Rd. A	berdeen.
ijury, or other troumatic event,	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR	AS A CONSEQUE	INCE OF	NOT RELATED TO THE TERM		DITION GIVEN	> .	MATE INTERVAL ONSET AND DEATH STATE OF THE ONE OF THE O
laws any ic	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORME				200 AUTOPSY?	20b. IF YES, V IN CERTIFY!! YES	NG CAUSES	
18 J		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
morked or Item 18 sha	MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C		19 ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
n 21 is mo		220.1 certify that (I) (this hosp saw the deceased alive an above, (I)	6151		100	d that in (my) ( ) opinion o	to 6/29	19 . 19 ote and hour a		that (1) lost causes stated
MPORTANT: If Iten		226. SIGNATURE	lumber	+2	MID	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
TAN		224. PHYSICIAN'S MAME (TYPE C	R PRINT)			22e ADDRESS		150 53		
POR		B.J. Plu	nkett. J	r. M.D.		617 W. Bel A	ir Avenue	Aberdes	n. Md	21001
₹-	23o E	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	236. LOCATION			
	(	Burial	2 July	1979 ft.	Chris	tian Cemetery	Joppa Ha	rford	Maryl	and
77	24 FI	UNERAL DIRECTOR					REC'D. BY REGISTRAR			No.
	T	arring Funeral	Home .P.A	ADDRESS Aberde	en, Md	. 21001	JUL 5 19/9	pro	Toyon	-vuag

PADE TO A TO STANK The company of the state of the Manager assistant musel residence regularity and the Later The state of the s

				STATE OF MARYLAND		
	1.	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENY 9	15045
		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 25 HOUR
	,	John	N Francis	Gamber	Ju	Ne 5 1999 9:48
	3. SE		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	1000
		mola	4.01	MONTH DAY YEAR	50	MONTHS DAYS HOURS A
	1 0	Male	White	Hpril 20, 1921	28	YRS
21		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	BALTIMORE CITY C	OR COUNTY OF DEATH
55		MYISATUR	USA	WIDOWED DIVORCED	HARFOI	2)
D D	10 C	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
Software Contract	Hor	VRe Le GRACE	HARFORD MEMO	. / // '/ /	EBATT CIAN	
-	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE		- TOSTITOTAL	0.0.2 0.00
575	13n, S	TATE 136 COUNT			13R STREET ADDRESS	C.L.
00	-		ORD Bel Hi			mas IT
	14. FA	THER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
121		HAVEY FrA	NCIS CAMBE	C WARGANE		DAVIS
3		AS DECEASED EVER IN U.S. ARM		RITY NO 17 INFORMANTATE	338-7377 ADDR	ESS 316 Thomas Sheet
/ medico	(1	ES, NO OR UNKNOWN) (IF YES, GIVE W	NAR OR DATES) 219-10-8	274 Mrs. GENEVIE	E Gamber	- BELAIR, MANJAN ZK
				THE STORES	E 13 Orthoge	
i.		PART I DEATH WAS CAUSED	one course per this to job, this and	1. P	-6	MI WIEN CHARL AND D
	1	IMMEDIATE		logence tollo	CC	Juda
other traumotic event, the		410-	DUE TO OR AND CONSEQUE	METOD / 1	2011	10000
Ě		Conditions, if any, which	1 M Culo	onterior wa	el mijoc	artial 48 hos
		gave rise to immediate	10		- Tistandel	m'
114		couse ia', stating the underlying couse last.	DUE TO OR AS A CONSEQUE	NCE OF ILL HOTO !!	Disage	?
5			10101	any Wary	e of wares	
injury, or	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1101
	일			- 0		
oux	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
shows	1	-			YES NO X	YES NO
9	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUP	RED LENTER NATURE OF INJU	RY IN ITEM 3R, PART I OR PART 2)
	1	OR CONTRIBUTING CAUSE OF DEATH		Y YEAR		
E I	Š	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21s. PLACE OF INJURY	211 LOCATION		
0	MEDIC	Marie El Marie El	TAT HOME, STREET, FACTORY, OFFICE E		CITY OR TO	WN EQUILITY STA
		AT WORK				
Ě		220 I certify that (I) (this hospita		6-15 19-79	to	, 19. 79., that (I) (w
7	1	sow the deceased alive on above, (I) (we) (did) (did not)	6 - 5 19 7	ond that in (my) (our) opinion	death occurred on the d	ate and hour and from the causes state
		226. SIGNATURE	view the body offer geoff.	DEGREE		Th. DATE SKINED
-		200	10/0	AA ATTENDING	MEDICAL STA	FF / /A
		THE PROPERTY OF THE PARTY OF TH	- John	PHYSICIAN	DIRECTOR   PHYSIC	CIAN ( 675 / )
z		THE PHYSICIAN'S NAME (TYPE OR P	PRINT	224 ADDRESS	00	1 0
Z	-		C DO F.	1 Houre	le trace	1 4MA 21678
PORTANI		FOWARD	- LOO, IM	AJ J J J Y		1 1000
MPORTANT: # #ea	230 E	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	234 UPCATION	7 0.00
MPOKIANI		PECIFY)		1	23d UDCATION	COUNTY STATE
IMPORTANI	4	Burial	JUNE 8, 1979 BE	Air Memorial Gardeus	BE Air HA	Ford County MANIAN
WPOXIAN V/78	4	PECIFY)	JUNE 8, 1979 BE	A Air Memorial Gardeus	BE Air HA	Ford Courty, MAMIANI



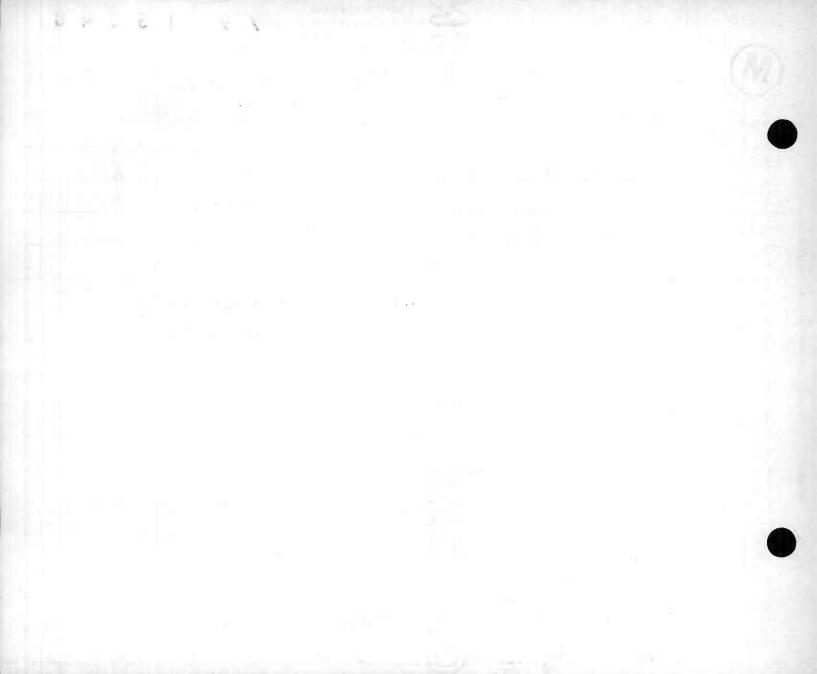
. 1	FOR	DEDADTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL	HVCIENT .	
1-	STATE REGISTRAR		AMINER'S CERTIFICATE		5 0 4 6
	ECEASED NAME FIRST	MAE	Goodwin	26. DATE KNOWN COF ESTI- DEATH MATED	MONTH DAY YEAR 76. HOUR
3. SE	FW	MONTH DAY YEAR L	GE (IN YEARS IF UNDER 1 YR. IF UNDE AST BIRTHDAY) MONTHS DAYS HOURS 88 YRS.	MIN. PRONOUNCED DEAD	6 24 1979 9 am
F	SIRTHPLACE (STATE OR OREIGN COUNTRY)  Virginia	76. CITIZEN OF WHAT COUNTRY	WIDOWED A DIVOR	CED   HARI	OR COUNTY OF DEATH
#	avve de grace -	664 Green Street	et	FOR MOST OF WORKING LIFE) Homemaker	PEOF WORK 126 KIND OF BUSINESS OR INDUSTRY
13c.	STATE 13b. COUI	or other institution, give residence befonty 13c. CITY OR Aberde	TOWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 201 Angus Dri	ve
	ATHER'S NAME FIRST  UN	MIDOLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE UNKNOWN	LAST
160.	No	E WAR OR GATES)	SECURITY NO. 17. INFORMANT  16-81119 William B	Woody 204 Angu	
	PART I DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY: ATE CAUSE (o)	LORONARY ha	east bisease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a) stating the <u>under lying cause last</u> .  PART 2 DTHER SIGNIFICANT CONDITION	e (b)	UENCE OF  OTHE TERMINAL DISEASE OR CONDITION GIVEN IN P	APT 1	
CERTIFICATION	196. DATE OF OPERATION		CH OPERATION WAS PERFORMED?	AAI 1 (0).	20. AUTOPSY?
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	ED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	214. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e PLACE OF INJURY (AI STREET, FACTORY, FARM, ETC.)	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22s. I certify that I taak char	ge af the remains described abave, h prol causes	eld on Autapsy , Inspection, Suicide , Homicide .	Undetermined manner , or	DATE 6-24-29
	EXAMINER'S NAME LUI	I E RENJE	L M DADDRESS 46	4 alliance	ST Game Re
F	SURIAL, CREMATION, REMOVAL SPECIFY)  Removal/Burial  FUNERAL DIRECTOR		erview Cemetery		county state  le Albemarle Va.
	NAME	Home P.A. Aberde		REC'D. BY REGISTRAR 236, REG	firstry Ma Credy



		I	Items #18a-22a Film G533 7/12/79 ISTATE OF MARYLAND	***
2		1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE)  STATE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.	
6	6		ADELE Brown HAYES    ADELE   A	75 26 HOUR
X	义	1.58)	5. DATE OF BIRTH 6. AGE (IN YEARS I FUNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH DAY	YEAR 4:35 19 79 P M
A SESSION OF THE PERSON OF THE	製みく	100	76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DI	EATH
A 1 2 3		R	WIDOWED DIVORCED Harford County  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IVENUE OF STREET, ADDRESS OR Stephaney Rd.  IVENUE OF WORKING FEEL OR OR OTHER INSTITUTION  OR OTHER PROPERTY OF WORKING FEEL OR OR OTHER INSTITUTION  OR OTHER PROPERTY OF WORKING FEEL OR OTHER INSTITUTION  OR OTHER PROPERTY OF WORK FEEL OR OTHER INSTITUTION  OR OTHER PROPERTY OF WORK FEEL OR OTHER INSTITUTION  OR OTHER PROPERT	MD. ID OF BUSINESS INDUSTRY
7 DEL	1 0 8 0 1	USUI	STATE STATE COUNTY 130 STDET ADDRESS 1. Th	TL
2120 F AND	SE S	n	Arylone 10A10, YEST NO DE 702 E. 20" S	freel
MD.	N 2 2 3/1	IA F.	FATHER'S NAME / IS. MOTHER'S MADDENAME MIDDLE STATE OF ST	AST C
BALTIMORE RRS AFTER DE GIVE PAGE	PAGES 1 A		WAS DECEASED EVER IN U.S. ARMED FORCES?  IVES NO. OBUNNOWN) (IF YES, GIVE WAR OR DATES)  100. SOCIAL SECURITY NO. MINFORMARY ADDRESS  215-70-7144 Mr. Continues 902.F.	BST
: 708	- 0		16. CAOSE OF DEATH (Effect daily dise coose per line for (0), (b), ond (c).)	PROXIMATE INTERVAL
ON ST 24 HC ITEM I	PERMI	8	PART I DEATH WAS CAUSED BY:  1999 IMMEDIATE CAUSE (o)  Undetermined  Due TO, OR AS A CONSEQUENCE OF	
PRESTON VITHIN 24 CIL IN ITEN	NNSIT AL HYC		Conditions, if ony, which gove rise to immediate (b)	
¥ 0 ₩ 3	SIAL-TRA MENTA OR REM	W.	couse (a) stating the <u>under-</u>   DUE TO, OR AS A CONSEQUENCE OF     lying cause last.	
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE STRING THE WORD "PENDING". IN PROPRING "IN PROPRING " IN PROPRIED	AN ON,		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
ECORD D BE ED ENDING	AS AS MAT	TION	194. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 170. ALL	
TALR HOUL	OF HE	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	UTOPSY?
OF VI	TAENT OF TOBURIAL,			
ISION ISION	SHO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIV HIS CE WRITIN	PAGE 3 STATE DE 1201 PRI	WE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET STREET  STREET  STREET  CITY OR TOWN  COUNTY	STATE
IER: TI	2 4111 2		220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection . Inquiry . and in my opinion	
AMIR	DIRECTOR WITH THE ARYLAND,	H	death resulted from: Notural causes   Accident   , Suicide   , Homicide   , Undetermined manner   X ,	
ALEXION THE CITY			SIGNATURE MOUSE BULL DATE SIGNED 5/	29/79
MEDIC CUTE I	TO FUNERAL DAFTER DEATH, BALTIMORE, MA	1	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
5 EXE	BAF TA	23a.B	BURIAL CREMATION, REMOVAL 236, DATE 236, DIAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OR TOWN COUNTY	STATE
1908 BP_	AH - 17	24. F	FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 155 SIGNATURE	JRE
	5 ME (5))	10	MAME ON ( Run ADDRESS 2 222 11 month and JUNI 5 1979 March See A	

THE WASHINGTON The state of the s 

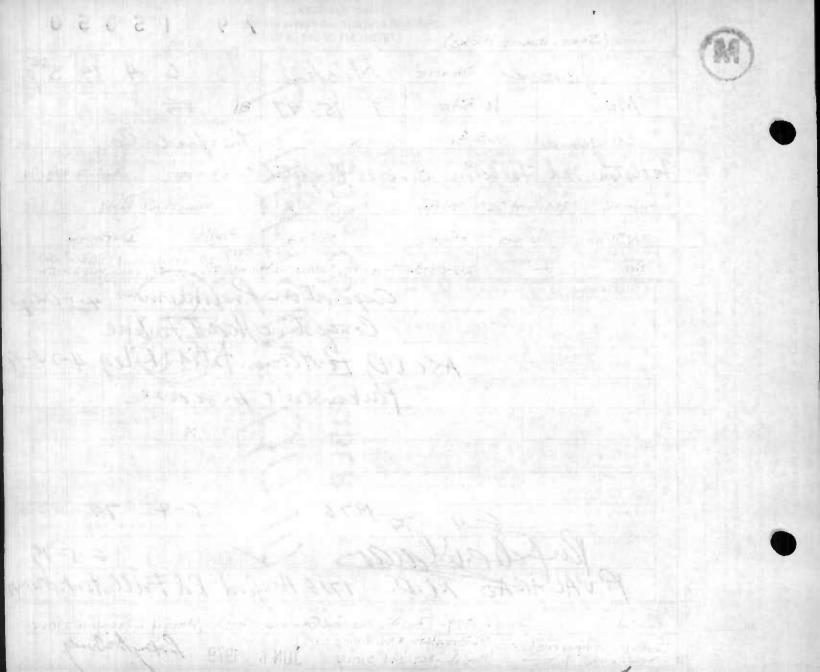
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENT 9	5048
1)		EASED NAME FIRST OR PRINT!	ph NMN	HE PPELL	20 DATE OF DEATH MON	INE 22 1979 6 PM
urs offe	3. SE)	Male	* RACE White	5 DATE OF BIRTH  MONTH DAY YEAR  FEB. 11, 1899	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
of once.	CC	ENGLAND	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	Harford MD.
# p 10/0	Ha	vre de Grace	Hartord Met	orial Itosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO SHIP BUILDE	
must be	13a. S	Md. Ha	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 13c. CITY OR TOV  LAVIL A	L Grapeyes A NO -	13. STREET ADDRESS	255 AVE, Apt. 307
and 2 s	I4. FA	THER'S NAME FIRST A  JOHN	HEPPE HEPPE	15 MOTHER'S MAIDEN NA FIRST 9 EAIZA	MIDDLE	MENSLEY
s. Pages		AS DECEASED EVER IN U.S. AR/ es, no or unknown] (IF yes, give	MED FORCES? 166 SOCIAL SECTION AND ACTION ACTION AND ACTION ACTION ACTION AND ACTION	-410 Mm. EDITH R.	HEPPELL -	S AT-ME  APPROXIMATE INTERVAL  BETWEEN CHAST AND DEATH
Then please remake carban paper to burial, cremation, or remakol. njury, or ather troumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE CONTINUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	tie Careinous o	f the prostat	ON GIVEN IN PART 110
aws any	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		O IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	AY YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN )  CITY OR TOWN	
of nealth and	W	WHILE AT WORK AT WORK  220.1 certify that (I) (this haspit saw the deceased alive on above, (I) (we) [digh] (did not	(AT HOME, STREET, FACTORY, OFFICE,	June 18 1979	10 June 20	county state  19 79 , that (I) (we) lost and hour and from the causes stated
ote Dept.		226 SIGNATURE Blian	v 7.46	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
shauld be det with the State IMPORTANT:		BRIAN T.	Yeo Veo	So Union	AUE. HAU	IRE de GRACE MC
3 3	23a. B	URIAL, CREMATION, REMOVAL PECIFY BURIAL	236. DATE JUNE 25,1979 236.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN PERCY MAN,	HARFORD, MD.
MH-16 20M	24 FU	NERAL DIRECTOR	ADDRESS A	CONF MAD 250. DAT	516N 2 5 1979 25h	REGISTRARY SIGNATURE

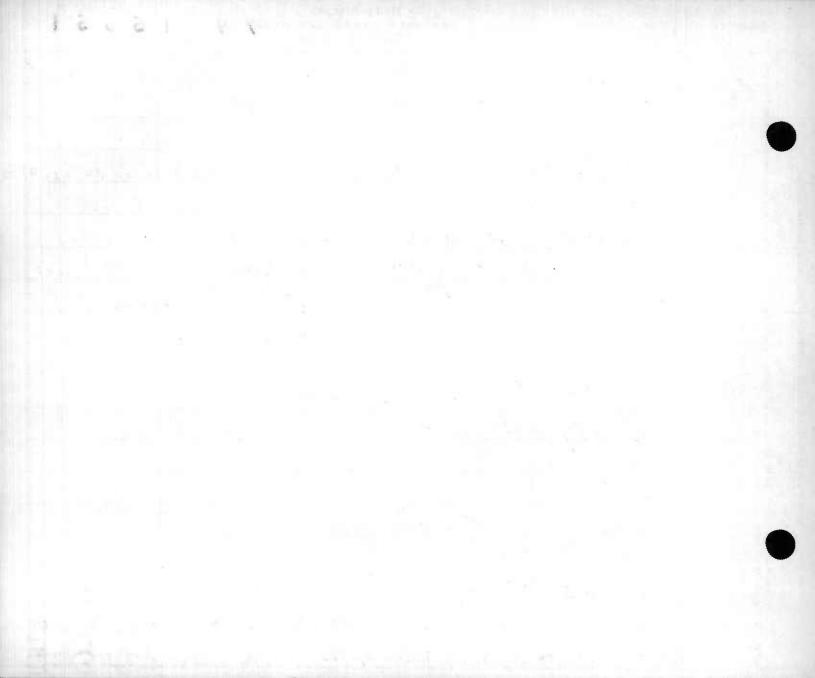


1	#1,5,6,per call FOR - STATE	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI	W 19	0 4 9
(T	REGISTRAR ECEASED NAME PPE OR PRINT) Puff	aomi MDDLE Ruth	LAST HESS	REG. NO.  20. DATE KNOWN MONTH OF ESTI- DEATH MATED 6	11- 70 719
3. S	F 4. RACE	S. DATE OF BIRTH 1913 6. AGE (IN YEARS MONTH DAY YEAR (AST BIRTHDAY) 2 / Z			19 79 M DAY YEAR 2d. HOUR 15-19 79 719 M
P	BIRTHPLACE (STATE OR OREIGN COUNTRY) ennsylvania	USAW	MARRIED NEVER MARRIED DIVORCED	HARFOR	) MD.
26 F	Dery unan	11. NAME OF HOSPITAL, NURSING HOME, OF INDICESSING HOME, OF INDICESSING HOME, OF ALL PORTION OF THE MALE FOR ADMISSION OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
13a.	STATE 136. COUNT	rks 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e S YES NO D	MAIN ST. RRY	47 - Pu box4
06	Jeremiah WAS DECEASED EVER IN U.S. ARA	Bennochoff  AED FORCES? 1166. SOCIAL SECURITY NO	Amelia	WIDDIE	line
GIENE, DIVISION OF VIT	YES, NO, OR UNKNOWN) (IF YES, GIVE V	y ane cause per line for (a), (b), and (c),)	rop Hosp	- 1	APPROXIMATE INTERVAL
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. CATION	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	SCUD-	o Disease Diabetes	BETWEEN ONSET AND DEATH
TION	19g. DATE OF OPERATION	DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL			28 AUTOPSY?
CERTIFICATION	21a. EXTERNAL CAUSE WAS			3	YES NO
MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	IF. LOCATION	TER NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY FARM FTC )	STREET	CITY OR TOWN	OUNTY STATE
		e of the remains described above, held an all causes . Accident . Suicide	TITLE (SPECIFY)	Inquiry , and in my of determined manner ,  DATE SEDICAL EXAMINER SIGN	6-15-79
BALTIMORE, MARYLAND, 21	EXAMINER'S NAME (TYPE OR PRINT) LUI	SE RENJEL A	ADDRESS 464		T. Hdo .
R	BURIAL, CREMATION, REMOVAL 2: (SPECIFY) EMOVAL/BURIAL   FUNERAL DIRECTOR	8 June 1979 Hope Ceme	tery K		Pennsylvania
T	arring Funeral H	lome, P.A., Aberdeen, Md		IUN 1 9 1979 F	iting bolivery

Fig. 5 & The Sub-restriction and the second A Page 1 and a root a root a 

It der	M		1			STATE OF MARYLAND	0.00	P 0 P 0
63		1.	FOR STATE REGISTRAN 5 000	ES MONTOE H		NT OF HEALTH AND MENTA CERTIFICATE OF DEATH		1 5 0 5 0
(M)			EASED NAME	FIRST	WIDDLE	LAST	REG. NO	ONTH DAY YEAR 26. HO
		TYPE	OR PRINT)	mee	WONLOE	Hickey	) (	4 79 3
00		3. SE		4 RACE	11-5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER
recto urs of			MAIE	h	PSTE	7 15 9	7 81 5	YRS.
Th. Po	13		RTHPLACE (STATE OR FOR	TEIGN TO CITIZEN OF		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
dear funer thin 7	10	10 C	TY OR TOWN OF DEAT	HE GC		HOME OR OTHER INSTITUTION		N 12b, KIND OF BUSIN
offer ed wi	X	1	11.7		CHEACILITY, GIVE STREET ADI		Store KEEPER	WORKING LIFE) INDUSTRY
in by be file		มรับ	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE AL	DMISSION)		Interest to
24 h filled outd t	35		TATE	Harford Co.	BEI ALL	YES NO		hail Road
tely 2 sh		14. F/	THER'S NAME	e MIDDLE	LAST	15. MOTHER'S MAIDE		LAST
comple	de		William	Thomas	Hicks	Elerzy	IZEILE	DUTMAN
a pod se			AS DECEASED EVER IN	U.S. ARMED FORCES? (IFYES, GIVE WAR OR DATES)	166 SOCIAL SECURI	6		1 . D . 1 / Para 76
D 0 % 0	. /	-			215-03-322	17.	WITHERS FOREST	Helly MARY 190 (2105
physical phy			PART I. DE ATH WA		er line for (a), (b), and (	assiratio	n Freunis	APPROXIMATE INTE BETWEEN ONSET AND
ng p ban			11500	MMEDIATE CAUSE (a)_		7 %	11/	- 1
tending on, or			Conditions, if ony,		OR AS A CONSEQUEN	Congesti	ne Heard +	afine
e dear			gave rise to imme couse (o), stating	ediate		man h	1.42	1811
by the ase real			underlying cause		ASCI	10. Forta	augustation	Nug 4-2
gned gned en ple burio			PART 2. OTHER SIGN	FICANT CONDITIONS	ONTRIBUTING TO DE	ATH BUT NO RELATED TO THE	TERMINAL DISEASE OR COND	TION GIVEN IN PART TO
P S S		CERTIFICATION				Takuson	's project	se
no. has been permit. ene prior	7	FICA	190. DATE OF OPERATI	ON 196 CON	DITION FOR WHICH O	ERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
	-	ERT	210. ACCIDENT WAS UNDE	RIYING 1216 TIME	OF INJURY	71r HOW IN JURY O	YES NO CCURRED LENTER NATURE OF INJURY	YES NO [
SICIAN: T og physici certificate rial-transi ental Hygi them 18 sh			OR CONTRIBUTING C	SUSE OF DEATH HOUR	.M. MONTH DAY	YEAR	C COMILED TEMERATIONS OF FOUR	
ding ph ding ph iis certif burial-t Mental		MEDICAL	1# EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE		OF INJURY	19 21f. LOCATION		
16 5		WE	WHILE NOT WHI	I AT HOME, S	TREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY S
ar offer the seas the ealth and smarked			AI WORK — AI WOR	this hospital) attended t	he deceased from	1976 10	10 65	4 19 76, that (1)
			saw the deceased	d olive on 6	- 4 19 7	, and that in (my) (our) or	pinion death occurred on the dat	te and hour and from the causes st
hospital hospital IRECTOR hed for u ept. of He			22b. SIGNATURE	did not) view the bad	y offer death.	DEGREE		22c. DATE SIGNED
0 d 0 d d			10	ufolly	O. Vala	ATTEND	ING MEDICAL STAFF	AND 6-5-1
TO HOSPITAL retained by th TO FUNERAL should be detected with the State	Tan I		22d PHYSICIAN SNA	HE CTYPE OR PRINT	MIL	), 220 ADDRESS 17/6 H	tarford Rd	Fallstonka
0 년 2 년 3 월 3 월 3 월 3 월 3 월 3 월 3 월 3 월 3 월 3	3	23a	SURIAL, CREMATION, R			ME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY
BP		A	our al	Zure 6		ATIC MEMIORIAL GARD		ford Co, MANJAH 210
DHMH - 16 25M (VR A 15 (4) ) 9	0/74	24 F	INERAL DIRECTOR	m Foster )	N Breakers	401 41111111111111111111111111111111111	IN 6 1979	of my / Helredy
(VK A 13 (4) ) Y	9//4		200 Cor - CO.	Jack T	SEL AT- Many	11. VIOIG 1m	IN 6 19/9 1	/ /





24 FUNERAL DIRECTOR
NAWSchimunek Funeral

Home. Inc

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

31 Brehms Lan

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

REG. NO

MONTH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

Greenwald

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Month

NO TO

STATE

STATE

Md.

COUNTY

COUNTY

REGISTRAR 256. REGISTRAR'S SIGNATUR

THE DATE SIGNED

same address

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

DAYS

2a. DATE OF DEATH

DHMH - 16 50M 7/77

(VR A 15 (4))

FOR

REGISTRAR

I DECEASED NAME

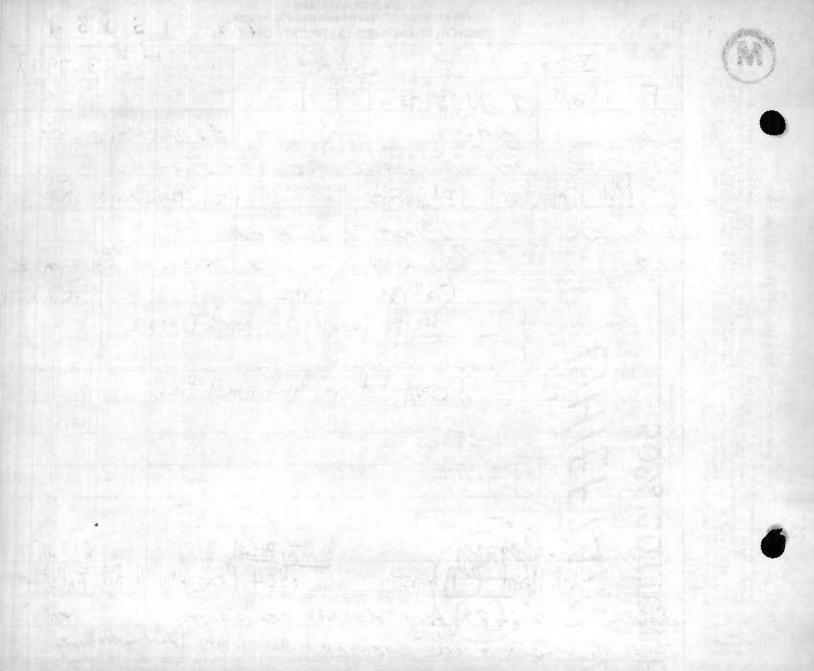
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIZNE C

THE SECOND SECON

. 1		ND.			TE OF MARYLA		N. C.			
1	- S	ATE GISTRAR		DEPARTMENT OF DICAL EXAMIN			APL	<b>5</b> G. NO.	05	4
	DEC	ASED NAME FIRST		WIDDLE	LAST	1.	Za. DATE KNOV	VN MONTH	H DAY YEA	AR 2b. HOUR
		76728	E		J 3xels	zak i	OF EST DEATH MATI	D 4	23 197	9191Am
3. 3	SEX	1 RACE	MONTH DAY	YEAR LAST BIRTHE	AY) MONTHS DAYS	R. IF UNDER 24 HRS	PRONOUNCED DEAD	MONTH	23. T	AR 2d. HOUR
70	BIR	HPLACE (STATE OR	B. CITIZEN OF WI		RS		9. BALTIMORE	ITY OR COU	-17	/ / M
	FORE	GN COUNTRY)	USA		WIDOWED A	DIVORCED [	BA HI	REFO	RD	CO. MD.
10.	CITY	OR TOWN OF DEATH		PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTIT	101 120. US	SUAL OCCUPATION RMOST OF WORKING LI	N (TYPE OF WORK	12b. KIND OF OR INDU	BUSINESS
5 13a	SUAL o. STA	RESIDENCE (IF IN NURSING HOME OR TE	TOY(	13. CITY OR TOWN	13d. INSIDI	E CITY LIMITS? 13e ST	REET ADDRESS	entho	rne R	id.
14	FAT	HER'S NAME	MIDDLE	LAST		HER'S MAIDEN NAM	NE MIDDLE	e de	LAST	
9	<u>Lu</u>	ALTER		PIN	77 6	ERTHA	7		6	
160	(YES	S DECEASED EVER IN U.S. ARMI NO, OR UNKNOWN) (IF YES, GIVE W		16b. SOCIAL SECURIT		RMANT			101	
F	4	B CAUSE OF DEATH (Enter anly	one cause per line		236 7HL	CHOKE	JAKEL	SKI	HAWIL	MATE INTERVAL NSET AND DEATH
		PART I DEATH WAS CAUSED	BY:	Carria	: HY	YesT				m miles
		4140		AS A CONSEQUENCE		1 ~ 11	In.			
	4	Conditions, if any, which gave rise to immediate	) (b)	ALLE	NIOSCIE	LODIC HE	SULT DIS	6926		
		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
2		ART 2 OTHER SIGNIFICANT CONDITIONS <u>C</u> C	NTRIBUTING TO OEATH	BUT NOT RELATED TO THE TER	AINAL DISEASE OR CONDIT	1/1	nalitie	5		
	CAL	90. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION WAS PERFO				20. AUTOP	SY?
4 8	-	In EXTERNAL CAUSE WAS	21b. TIME OF	TALLIEN	Tar House			- 4	YES [	NO 🗆
3 143	CALC	NDERLYING OR ONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DAY YEA	R	RY OCCURRED (ENTE	R NATURE OF INJURY IN I	TEM 18 PART 1 OR I	PART 2)	
9344		VHILE NOT WHILE TO AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
E	1	220. I certify that I taak charge	of the remains des	cribed above, held an	Autapsy ,	Inspection .	Inquir .	and in my	apinian	
		death resulted from: Naturo	cquse .	Accident , Si			etermined manner	□,	,	1
	1	CTUAL IGNATURE	mo	7	TITLE	(SPECIFY) ACCUS	1	DATI		3/79
		1 1.1	1 0	Ν	M.D. 20	11011	DICAL EXAMINER	SIGN	5 -1	1
4		XAMINER'S NAME WI	ara r.	UW022	ADDRESS		169291	VIIIE 1	id. tal	2000
230	a.BUI	IAL, CREMATION, REMOVAL 231	DATE	23c. NAME OF CE	METERY OR CREMA	TORY 23d. L	OCATION	со	VINU	STATE
24		IERAL DIRECTOR	5-26-1	4015.	ROSAR.		ALTO- BY REGISTRAR 18	SISTRAR'S	SGNATURE	<i>D</i>
	70	IN M. WEI	BER D	SONS CH	ESTER	JUN 2 6	1979	wordy!	Kebrod	7
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
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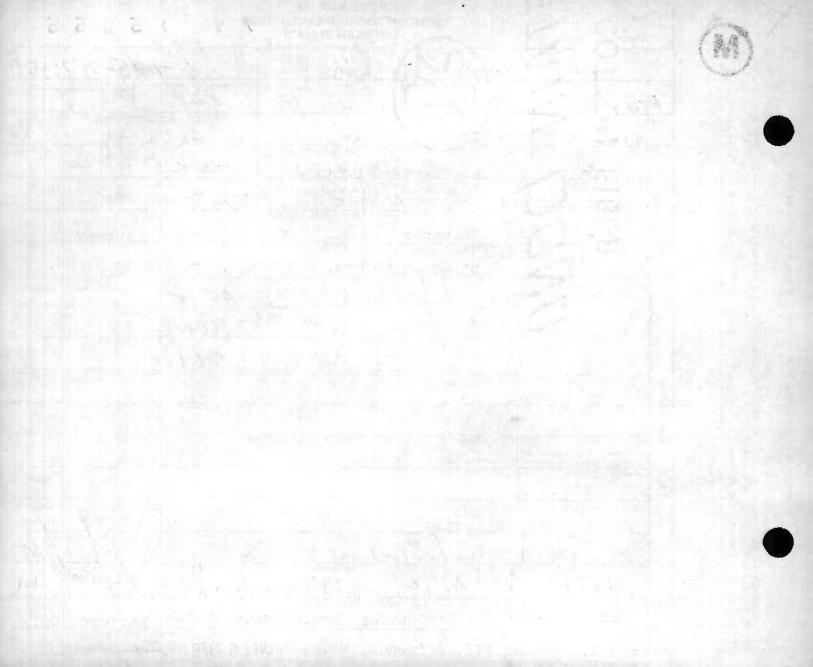
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	RE	G. NO.				

		REGISTRAR		CENT	REG. NO.								
		CEASED NAME FIRST	MIDE	DLE	LAST		20. DATE OF DEATH MON	NTH DAY	YEAR	26 HOUR	1		
	(TYPE	Betty	(nmn)	ter	ikins		6-	25-	-79	3:3!	5 M		
	3 SEX	× ,	4. RACE		E OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA		DERIYEAR	IF UNDER 24			
	F	emale.	W	01	DAY 25	97	12	YRS	1970	HOURS	WIN		
	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH		RIED   NEVER	MARRIED	9 BALTIMORE CITY OR C	OUNTY OF D	EATH				
70		WC.	USA	WIDO	WED D	IVORCED	Hartord (	veryo			MD.		
2	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOM	E OR OTHER INS	NOITUTION	120 USUAL OCCUPATION		KIND O	F BUSINES!	SOR		
3	F	allston	Fallston	n Genera	1 Hospi	lat-	Housewife Housewife	9	-	-			
	USU/	AL RESIDENCE (IF NURSING HOME STATE 13b CO	UNTY 13	E RESIDENCE BEFORE ADMISSING CITY OR TOWN.		CITY LIMITS?	113e. STREET ADDRESS						
38	M	aryland Har		dgewood	YESX.	NO 🗌	1111 Hanso	on Roa	id				
	14 FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER	'S MAIDEN NA	WE	A	LAS	T			
21		Roaine		humake	1	Mary	Etta	Fur	noy				
4		VAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO	D. IT INFORM	ANT	ADDRESS						
1	(1	res, no or unknown) (if yes, g	SIVE WAR OR DATES)	8-76-0189	Mrs.	Mrs. Ophelia H.Day, Edgewood, Md.							
		18 CAUSE OF DEATH (Enter	only one couse per line	e for lol, (b), and (c).	0.1	1	1		APPROXI BETWEEN	MATE INTERVA	ATH		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)												
	Conditions, if ony, which ( ) DUE TO, OR AS A COSSEQUENCE OF TROJECT												
	gove rise to immediate												
underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF RIOSCLEPOSIC													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
	o Z												
ra.										OF DEATH	2		
7	E						YES NO	YES	CHOOLO	NO 🗆			
12	H.	210.	21b. TIME OF IT		21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OF	RPART 2)		MD.  SSS OR  NATE  Wee) lost  ATE		
7	AL	OR CONTRIBUTING CAUSE OF I	ZEATH.	MONTH DAY YE.	9								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	211 LOCAT								
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET	FACTORY, OFFICE, FARM, ETC.	) STREET		CITY OR TOWN	СО	YTAUC	STAT	E		
	22a L certify that (I) (this hospital) attended the deceased from										) lost		
	saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date and hour and from the cause										couses state	ed	
THE SIGNATURE DEGREE									AL DATE	SIGNED			
		Danyh	, Myns	this me	2	ATTENDING PHYSICIAN	MEDICAL STAFF	10 6	, 12	6/7	9		
1		224 PHYSICIAN'S NAME (TYP	E OR PRINT	111	27e ADDRE	SS	1 1		12 -	1	1		
		DANTE	(NON)	4/214	622	sunon	wer from	e all	11/1	U/	ne		
	23 a. E	BURIAL, CREMATION, REMOV.		070	F CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNT	TY	STATE	E		
	,	Burial	June 28,	1979 Harf	ord Mer	n.Gard	ens Aldino	Harf	ord	Md.			

DHMH - 16 50M 1/76 (VR A 15 (4))

Howard K. McComas III, ABingdon, Md.

JUN 2 8 1979



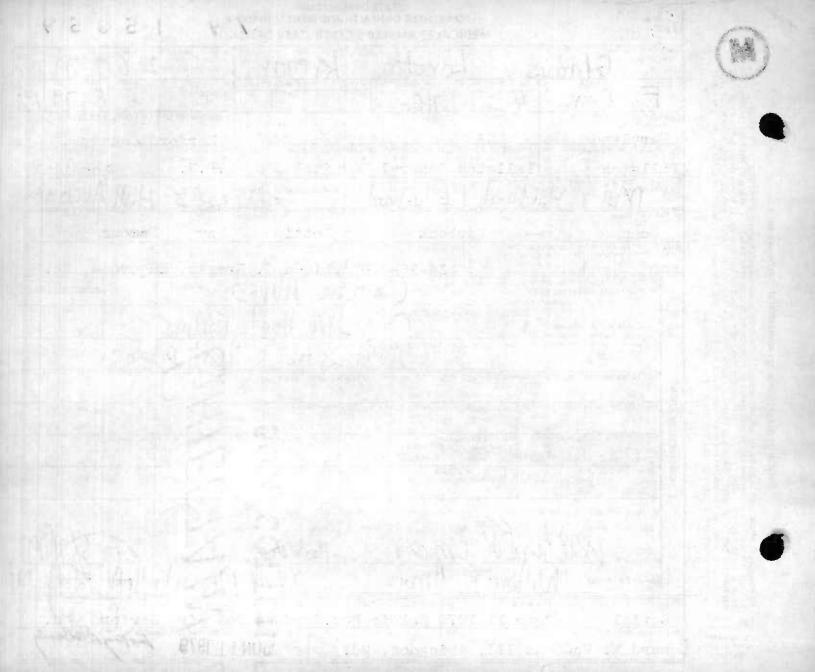
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR LAST L DECEASED NAME TYPE OR PRINT) Josephine Kangas 6 AGE [IN YEARS LAST BIRTHOAY] IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX YEAR MONTHS | DAYS HOURS Female White 1904 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Harford County Maryland USA WIDOWED DIVORCED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION II. CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) Fallston Stratford Road Salesperson BragerGutman USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b COUNTY 13a CITY OR TOWN 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN bluor Harford **Fallston** 514 Stratford Road Maryland YES [ NO K 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDOLE William Zelinsk Josephine Meleski 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-36-0174 Thomas W. Kangas 514 Stratford Road No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 OIL AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate CONSEQUENCE OF cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED TO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T YES [4] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (and opinion death occurred on the date and hour and from the causes stated sow the deceased glive on above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 226. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT; 72e ADDRESS 17d. PHYSICIAN'S NAME ITYPE OR PRINT 23d LOCATION CITY OR TOWN 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL COUNTY STATE Burial Baltimore 6/15/79 New Cathedral Cem. Md. BP 24 FUNERAL DIRECTOR DHMH - 16 25M .F.Lassahn Funeral Home 11750 Belair Rd (VR A 15 (4) ) 9/74

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	DAY) MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	6 8 79 109
76. DITIZEN OF WHAT COUNTRY?	18	9. BALTIMORE CITY O	
USA	WIDOWED DIVORCED		County
III. NAME OF HOSPITAL, NURSING HOA	AE, OR OTHER INSTITUTION 120. U	ISUAL OCCUPATION TYPE	County MD OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
Fallston Genera	1 Hospital	L.P.N.	hospital
COUNTY P 13c CITY DR TOWN	13d. INSIDE CITY LIMITS? 13e S	TREET ADDRESS	1-11 Avenne
Harrow Lader		1203	1911 . 11 . 11 . 11
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YES, GIVE WAR OR DATES)			
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- No Record of the let	MININE DISEASE DE CONDITION DIFER IN FART 1 (0).		
ON 196. CONDITION FOR WHICH OP	RATION WAS PERFORMED?		20 AUTOPSY?
			YES NO
	21c. HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 P	
	AR		
21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
THE I I	STREET	CITY OR TOWN	COUNTY STATE
Contract AND		PA	
· Maria			in my opinion
survey a country S	4	determined monner,	1/1/20
Wary & Umps	TINE (SPECIFIED		DATE 6/9/14
1 (11) 1 1/2 (1)	M.D. 11330 ME	EDICAL EXAMINER	SIGNED
Willard K Almoss	2404	MARCEAL	ITEN FOLSON
OVAL 23b. DATE 23r. NAME OF C		LOCATION	71-1-10-10
	ir Mem Gardeng F		arford Md.
		BY REGISTRAR 256. REGIS	
Comas III, Abingdon	, Md.	11-19/9	1
I (I S M Y) nice	FIRST    S. DATE OF BIRTH   S. DATE   DAY   YEAR   S. JEIRTH     WOULD   DAY   YEAR   DAY     WOULD   DAY   DAY     WAS   DAY   DAY   DAY   DAY     WAS   DAY   DAY     WAS   DAY   DAY     WAS   DAY   DAY   DAY     WAS   DA	MEDICAL EXAMINER'S CERTIFICATE OF D  ADDIE  ASSEMBLY SERVICES SERV	DEPARTMENT OF HEALTH AND MENTAL HYGHER  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  AND CONTROL OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER  MED



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

- STATE REGISTRAR				ERTIFIC	ATE OF D	EATH		REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MI	DDLE	LAST			2a. DATE OF	DEATH MONTH	H DAY YE	AR 2b F	HOUR
	Nelli	a E		Lee			June	25. 19	79	7	710 M
J. SEX		RACE	5.	DATE OF 8	BIRTH	YEAR	6. AGE (IN YEA	ARS LAST BIRTHDAY)		YEAR IF UP	NDFR 24 HRS
Female		В		July	11	1872	1-50	106	YRS.		
OUNTRY)	OR FOREIGN	L CITIZEN OF W	HAT COUNTRY?	MARRIED [	] NEVER M	ARRIED	9 BALTIMOR	E CITY OR CO	UNTY OF DEAT	H	
Maryland		II. S.		VIDOWED		ORCED	Harfo	rd Coun	ther		MD
B. CITY OF TOWN OF	DEATH		DSPITAL, NURSING P		OTHER INST	TUTION	12a USUAL O	CCUPATION FOR MOST OF WORK	12b. Kli		SINESS OR
Havre De G	race	Citizer					Homem		TING LIFE) INDUS	SIRT	
USUAL RESIDENCE (IF		OTHER INSTITUTION, G		MISSION)	L INSIDE CI	ev a tea commo	13e. STREET A			-	
Md.	Harf		Aberdeen	Y	ES D	NO [7]		Edmond s	<b>C</b> +		
4 FATHER'S NAME			PARTY OF THE PARTY	15		MAIDEN NA			Die		
William Bo		DOLE	SARE	M		Adams		MEDIE		SAST	
was DECEASED EV		AED FORCES?	ML SOCIAL SECURIT		INFORMAT			ADDRESS		13111	
(YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	can an an								
No.			212-74-79	-	m1	A			1 8	PATRICIA ST	BUTTEVALL
	EATH (Enter anl H WAS CAUSED		ne far (a), (b), and ic		[7] 0	H	Pn		ACT	E LOUIS	AND DEADS
11	IMMEDIATE	CAUSE (a)			VIV	177	R		101	The	100
4292	2	DUE TO, OR	AS A CONSEQUENC	E OF		1	J			.0	1
Canditians, if a		(b)						0.000		-	
cause (a), st	tating the	DUE TO, OR	AS A CONSEQUENC	EOF					0.00		
underlying co	ause last.	(c)									
	18C	NU FIONS CON	NTRIBUTING TO DEA	TH BUT NO	T RELATED	TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1(a)	
180 DATE OF OPI	ERATION	196. CONDIT	ON FOR WHICH OP	ERATION V	VAS PERFOR	MED	20a AUTOI	PSY? 20b.	IF YES, WERE FI		
							YES 🗌	NO	YES 🗌		0 🗆
210. ACCIDENT WAS		21b. TIME OF	INJURY . MONTH DAY		Ic. HOW INJ	URY OCCURE	RED (ENTER NAT	URE OF INJURY IN IT	EM 18, PART 1 OR PAR	₹₹ 2)	
OR CONTRIBUTING		P.M		19							
(IF EITHER, NOTIFY M	URRED	21e. PLACE OF	F INJURY		II LOCATIO	N		CITY OR TOWN	COUNT	v	STATE:
AMHIFF NC	OT WHILE	(AT HOME, STREE	I, FACTORY, OFFICE, FARM	1	0111201	n		1 00	200		SIAIC
22s.1 certify that	th This hospit	all attended the	deceased from	1-5	135	19 15	, ta	0 - 90	< 19	, that	(f) (we) last
saw symples	eosed of refus	viewittle body at	10 170	anger	bat in (my)	our) apinian	death occurred	an the date ar	nd haur and fran	n the cause	es stated
22h SIGNALES	errord told not	S 416 M. Life BOOK O.	A AA	DEC	SREE	-	-/-		27c. C	DATE SIGN	JED.
1 1	10 11	1/17	Mhla	m 1	A A	TENDING H	MEDICAL	STAFF	n (0	2.6	70
DE RHYSICIAN	S NAME I THE CH	Mario Chesh	ALIMANIA	123	e ADDRESS		DIRECTOR	JIIIJICIAN		- 010	- 1-1
YOND.	P	A A JAA	- M	0	1 -	MAIL S.	NX	1 Aprola	) An /	MM	
1000	1	VOT ALL	1110	WE OF SELEC	CYERY 05	OVV /	Induocation of the second	THAT	/ //	ALIV	
236 BURIAL, CREMATIC	ON, REMOVAL	Z3b. DATE	23c. NA	AE OF CEM	ETERY OR C	REMATORY	23d! LOCA	TOWN	COUNTY		STATE

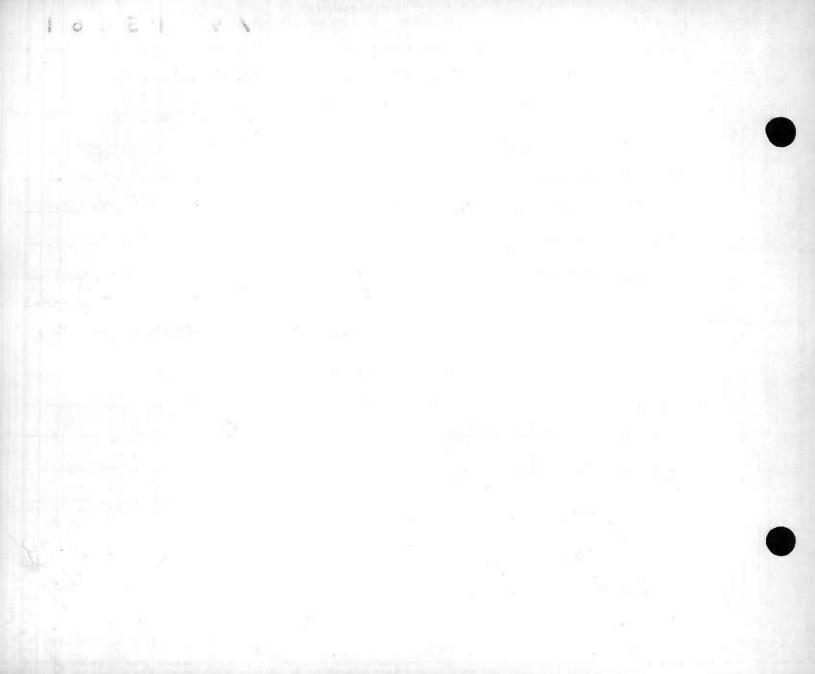
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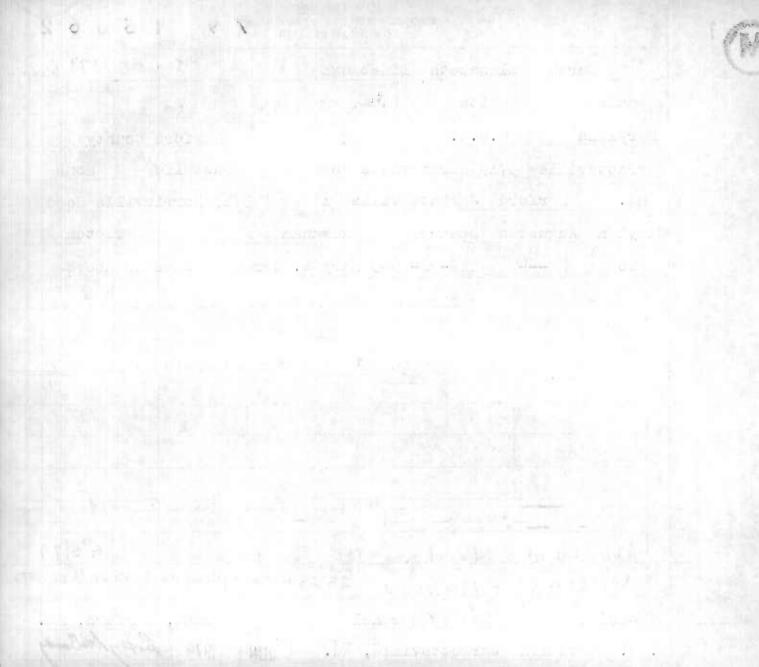
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250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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	١,	FÖR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	SIENYE Q	15062
1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST OR PRINT) Sarah	Elisabeth L	inebaugh		NE 3 1979 6:00 p
	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		emale RTHPLACE (STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY?	Jan 18 1896	S PALYIMORE CITY O	R COUNTY OF DEATH
30	C C	aryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		rd County M
20	10 C	TY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWIS	ON 126 KIND OF BUSINESS OR
00	USU.	rrettsville AL RESIDENCE (IF NURSING HOME OF	3713 Norrisv	E ADMISSION)		е поще
35		Md. Harf	ord Jarretts	villeyes A NO	3713 Norr	risville Road
	14. FA		MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	E LAST
121		ayton Augus		Rosanna		Tipton
1			WAR OR DATES)		ADDRE	
e a		No	- 212-28-4	543 Mary S. Ger	rman san	ne as above
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), on D BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9 >		IMMEDIAT	E CAUSE (O) COLONO	my occlusion		1 km.
E C		410-	DUE TO, OR AS A CONSEQUE	ENCE OF		
100		Conditions, if any, which gove rise to immediate	(b)			
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	leratic Cardis	11000 00	15 15 un
ŏ		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
	Z	The state of the s	CONTRIBUTION CONTRIBUTION TO	SEATH SOT NOT RECATED TO THE TEXA	MITAL DIDEASE ON COIN	OTHER STEEL
any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
2	Ĕ				YES NO	IN CERTIFYING CAUSES OF DEATH?
0 0	Ü	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
-	₹ S	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
S HOLKE			(a) ottended the deceosed from_	may 19/91	5 to line	5 , 19 79 , that (f) (wellos
		sow the deceased alive an	Jeine 2 19	, and that in (my) (exc) opinion	death occurred on the do	ote and hour and from the causes stated
E		22b. SIGNATURE	viewthe body ofter death.	DEGREE		22c. DATE SIGNED
=		Willand	Phuds	MD ATTENDING PHYSICIAN	MEDICAL STAP	6/5/79
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	100		
		WILLAR	DPHUDSO	1N 2323 Koc	h Spang 1	d. Forest Hill, MI
≦	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(	SPECIES  UNITED AL DIRECTOR	6/9/1979 E	Bethel	Madonna,	
	24. F	NAMÉ	ADDRESS	21004	40.70	256. RESISTRAR'S SUNIATURE
	M.	G. Kurtz 11	l Jarrettsvi	.lle, Md.	IN 1 1 1979	



requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

## STATE OF MARYLAND

DEDADTMENT OF BEALTH AND MENTAL BYCKENS

9	1-	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEA	TH		REG. NO.	5 (	) 0	3	
		CEASED NAME OR PRINT)	Norma.		P.		ouch		20 DATE OF DE	,	- 24-	YEAR 79	7-5	85 a
	3 SEX	Female		4 RACE Wh	ite	5. DATE C	DE BIRTH	YEAR 9-1	6. AGE (IN YEARS		MONTHS	GAYS	HOURS	74 HRS
3	7a. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF U.S	what country?	MARRIEI WIDOWE	NEVER MARK	RIED 🗆	9. BALTIMORE Harf		JNTY OF DE	ATH		MD.
2	Ha	vre-De-C	race	Citi		sing	ROTHER INSTITUT	NOI	12a. USUAL OCC (TYPE OF WORK FOI Homema)	MOST OF WORK	ING LIFE) INC	KIND OF DUSTRY Home	BUSINE	SS OR
1	13a S	M.D	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY L YES X NO			Park Be	each	Dri	ve	
		Victor			Probst		Anna	AIDEN NAM		IDDLE	Kosta	1 LAST		
1	(YI	AS DECEASED E ES, NO OR UNKNOWN NO		MED FORCES? WAR OR DATES!	217-64-		Joseph C	Loue	h, 1934	erdeen. Park Be	each D	land rive		
	ATION	Conditions, if gave rise to cause (a), s underlying c	any, which immediate toting the ouse last.		ora c	EATH BUT			NAL DISEASE O		J GIVEN IN			
?	CERTIFICATION			2 20 705	E INTUINA		Tal. HOW IN HIS	V OSCUPPI	YES . N	INC	YES _	43.3	NO [	H?
	MEDICAL CE	22a. I certify the	CAUSE OF DEA	HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.J		, 68°	, to 6	n the date and	col 76 49 d hour ond f	JINTY	hot (I) (w	ve) last
	23a. B	SURIAL CREMATI	-	23b. DASE 27 June			EMETERY OR CREA		23d LOGATIC CITY OR TO Bel Ai	r Har	count	Mary	land	TE
		Buria JNERAL DIRECTO NAME TYPE FUI	)R		Aberde			250 DAJE	M2819	SJBAR 25b. RE	GISTRAR'S	SICHAL	Bed	1

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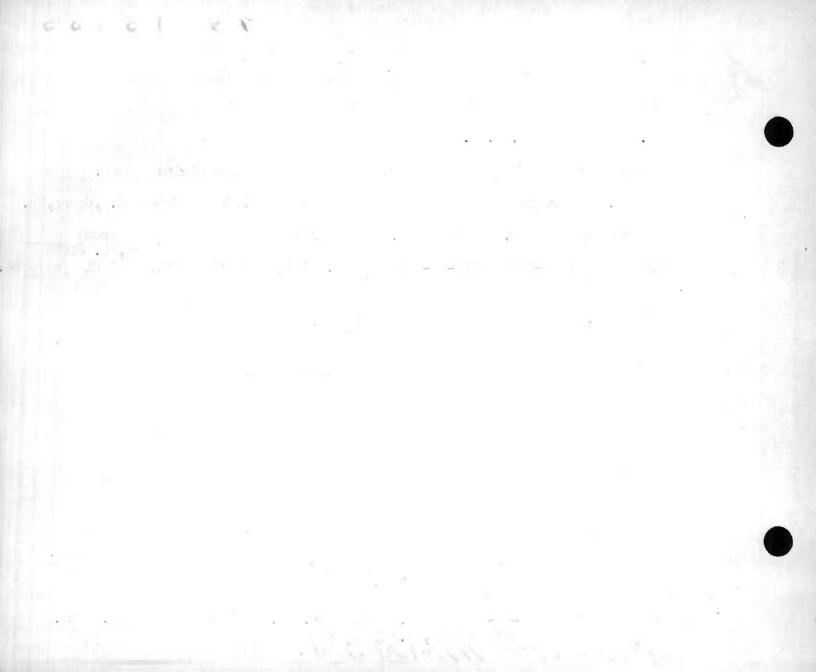
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dissociated for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed writing 11 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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A SEAR THE WAY AND A COUNTY OF THE PARTY OF Super eight dans



TTENDING PHYSICIAN The low

TO HOSPITAL STATTENDING PHYSICIAN The retained by the hospital or ottending physician

BP.

A	FOR STATE REGISTRAR
	1 DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

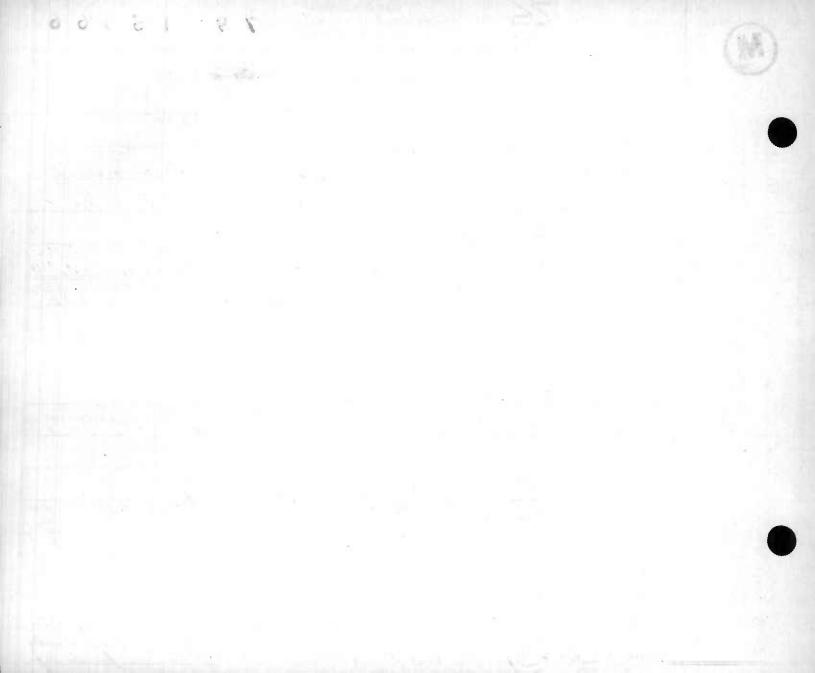
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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	1. DE	CEASED NAME PRINT	WIDDLE	,	AST	20 DATE OF DEATH MON	NTH DAY YEAR 25 HOUR
		Benti	ley A.		en	JUNE 6	1979 2
	3. SE:		RACE	5 DATE C	DAY YEAR	6 AUL (IN YEARS LAST BIRTHOAT	MONTHS DAYS HOURS
		Male	White	SEP	7, 9 1911	6/	YRS
21		RTHPLACE ISTATE OR FOREIGN	75. CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
0		VA_	U.S. 14	WIDOWE		HArtord	
	10 C	TY OR TOWN OF DEATH		ITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PIXE KIND OF BUSINES
OLO	40	Wrede GRACE	Hartord	1 Memoria	al Hosp.	PHINTING CONT.	RACTA HESELAINT
25	130	AL RESIDENCE (IF NURSING HOME TATE 13b, CO	OUNTY 13c. C	SITY OR TOWN	134. INSIDE CITY LIMITS?	134. STREET ADDRESS	$\rho = I \rho$ .
2		Md HA	rtord A	berdeen	YES NO NO	204 North	EAST Kd.
0	14. FA	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
OFF.		Steven	H. C	wen	MARY	E.	Irail
1		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES?	SOCIAL SECURITY NO.	II INFORMANT	ADDRESS	1812 CHAPEL, H
			- 2	17-07-145	6/10 UPALI	MAJANEY, HA	VRE dEGRACE, A
		18. CAUSE OF DEATH (Enter		orto to and to	Ann.	4. 70	ETWES ONGS AND D
		THE STORE OF SECURIOR SECTION AND ASSESSMENT OF SECURIOR	HATE CAUSE (0)	gretiac	o secom	glensalios	, Judda
Щ	9	4292	DUE TO, OR AS A	A GONSEQUENCE OF	.117		- 1100
		Conditions, if ony, which	( 16)	H.S.C	· /. D .	5)	2 year
		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF			U
	17	underlying couse lost	( )()	_			
	7	PART 2 STHER SIGNIFICAN	T CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	THAT DISEASE OF CONDITION	ON GIVEN IN PART TIE
	TIO	Dec	eneratu	se use	aritis,		
1	CERTIFICATION	194 DATE OF OPERATION	19. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		IN IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH
Chi	RTI				T	YES NO NO	YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4 14		ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M.	19	-		,
	MED	21d. INJURY OCCURRED  WHILE NOTWHILE	21e. PLACE OF IN (AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN.	COUNTY STAT
		AT WORK AT WORK			1 50		
		22a certify that (I) (this ha	10/11	//	6 10/1	10 6/6	, 19 / 7, that (I) (w
			not) view the body after	death. 19 - 7 or	nd that in (my) (our) apinfon	death occurred on the date of	and hour and from the couses state
		226. SIGNATURE	. 00	1 . 200	DEGREE	AMEDICAL STAFE	22c DATE SIGNED
		te	sell (	(letrus)	PHYSICIAN D	MEDICAL STAFF	0/6/2
,	<	224 PHYSICIAN SNAME (TYP	PE OR PRINT)		220 ADDRESS	Da 0	- 1. A
1		LOWAR	2D Cah	00, M.D	Hair	- all yra	de, ma.
	23e I	URIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STAT
	,	Buoist	JUNE9 19	79 HARFORD	NIEM. GARD		HUDFORN M

DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 1 1 1979





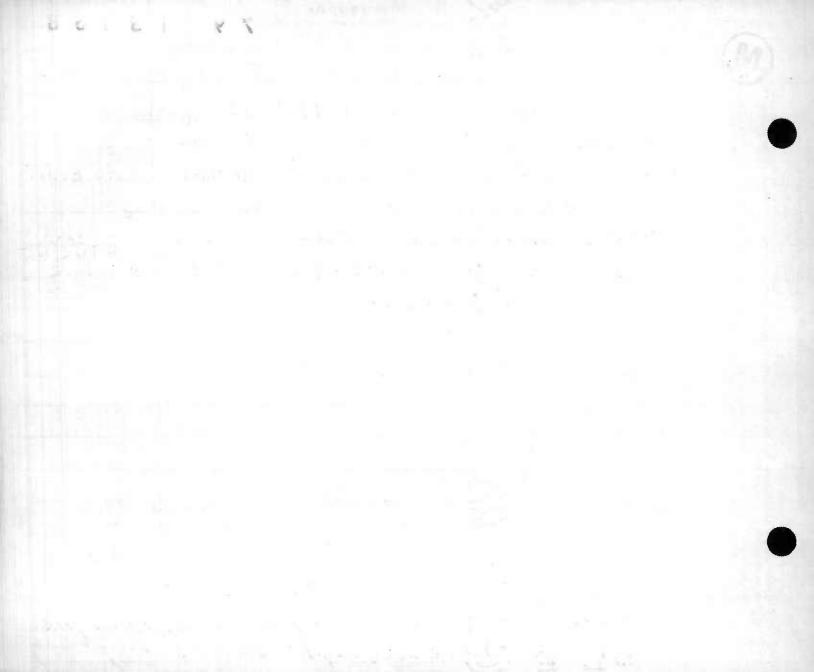
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

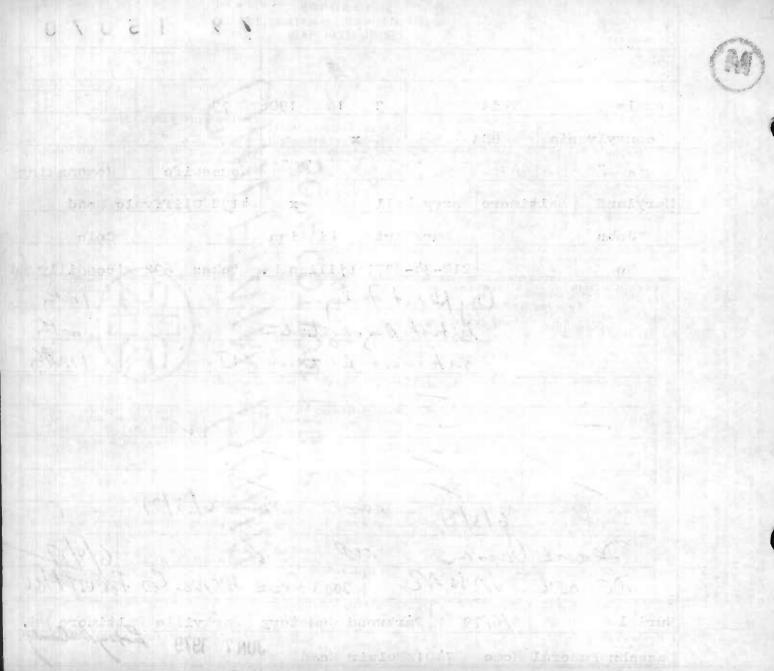
26. HOUR 15 0 IF UNDER 1 YEAR # LINDER 24 MRG HOURS 126. KIND OF BUSINESS OR INDUSTRY 98 AURORA 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I COUNTY STATE 221 DATE SIGNED

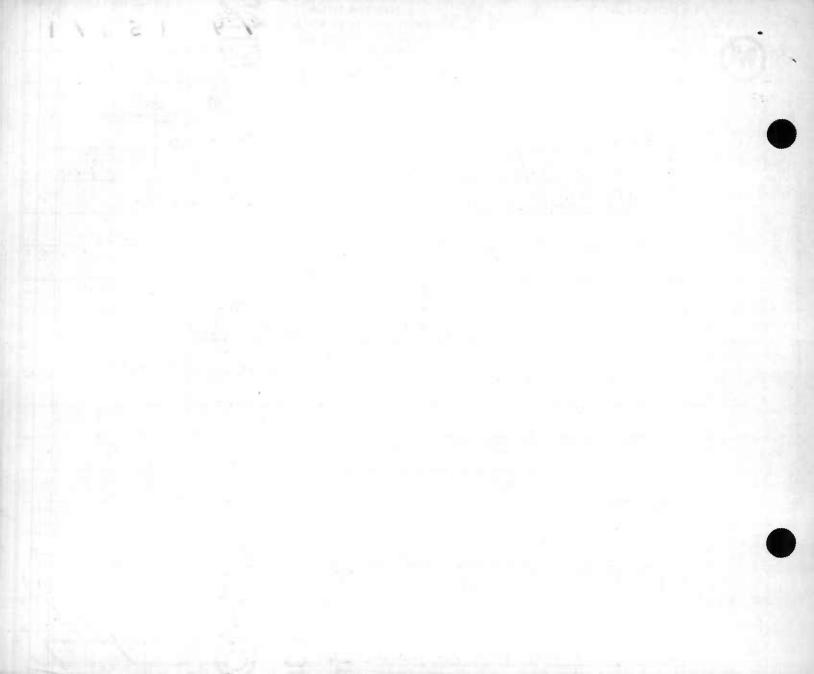
SIGNATIONE

DHMH-16 20M (VRA 15, 4) 7/78 FOR









1			TATE OF MARYLAND			
1-	FOR STATE		OF HEALTH AND MENTAL		1 5 0	72
	REGISTRAR		INER'S CERTIFICATE		REG. NO.	
	ECEASED NAME PIRST	WIDDLE	C1 : d s)		STI- US	DAY YEAR 26 HOUR
	Hde	lihe	3CP DELOGEL	DEATH M	ATED 6	1917 8 PM
3 SE	X ARACE White	5 DATE OF BIRTH 6. AGE (	THOAY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MIN. PRONOUNCE		DAY YEAR 24 HOUR
1	mas 19MC	824 99 79	YRS.	DEAD		19 M
70.1	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED 7 BALTIMOR	E CITY OR COUNTY	OF DEATH
2 3	Nisconsin	N12.11.	WIDOWED DIVO	RCED 🗆	brothst	G MD.
110.0	THY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		12a. USUAL OCCUPAT	ION (TYPE OF WORK 12b.	OR INDUSTRY
	19/12/100	1 1 5/ 2000 Oc	V 10020: 191	Housewif	е	
	STATE 13b CQU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		13e. STREET ADDRESS	- 141	Water Di
	Ma. H	extord Kings	VILL YES NO	2 66	) Mt.	Niz cor W
TLI	ATHER'S NAME	MIDDLE DALLAST	15. MOTHER'S MA	DEN NAME MIDDE	LE	? LAST
1	William	Behling	Anna			?
160.	WAS DECEASED EVER IN U.S. A				ADDRESS	//40
	NO	389-30-7	578 Mr. Hub	ert A. Sch	neider, same	as #13e
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly one cause per line far (a), (b), and (c).	· A where	12.7		APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH
		ATE CAUSE (0) CRYEDYO	192 MIGH 1466	dext		24912
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CEIDE	- A 1/-		
9	gave rise to immedia	(p) PANELS115	ed arterioscle	10217		
	cause (a) stating the <u>unde</u> lying cause lost.	DUE TO, OR AS A CONSEQUEN	CE OF			
		(c)				
7	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN			
CERTIFICATION	190. DATE OF OPERATION	W KIGHT MID	Kend To	SINIE		
Α̈́	176. DATE OF ERATION	196. CONDITION FOR WHICH	PERATION WAS PERFORMED?		2	20. AUTOPSY?
- 5	216 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCUR	DED COSTO ALCOHOLOGO		YES NO
	UNDERLYING OR	HOUR A.M. MONTH DAY	EAR THE HOW INJURY OCCUR	KED (ENIER NATURE OF INJURY	IN HEM 18 PART ( OR PART 2)	
MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 15 21e PLACE OF INJURY (ATHON				
ME		STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK			1:	)	
	220. I certify that I took cho	rge of the remains described obove, held	n Autopsy , Inspec	ign Inquiry	and in my opinio	on
	death resulted from: Not	utal causes Accident	Suicide, Hamicide	. Undetermined mann	er ,	01.1 -
	ACTUAL A	HAND W (In	TITLE (SPECIEY)	$\lambda$	DATE	6/8/7a
-	SIGNATURE	WWW IN VVII	M.D. 1538 1	MEDICAL EXAMIN	ER SIGNED	0 0 1
1	EXAMINER'S NAME	Allard P A.	2	404 Plan	allivans	Rd Fallston
7	(TYPE OR PRINT)V	THE THE PARTY OF T	NOS ADDRESS	10/1/69	OBLICALLIC	M I WILL
236.	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24	Burial FUNERAL DIRECTOR	6/9/79 Calv		Sheboyga E REC'D. BY REGISTRAR	n 25b. pagistrar's sign	Wisconsin
	NAME	ADDRESS	The state of the s	N 1 2 1979	LIGHT WAR S SIGN	Cresche
Tie	onard J. Ruck.	Inc. 5305 Harford R	d. Balto. Md.	1 T 10 10 10		

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ALVIEW CO.			30,00	
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ortholder, man and Cris	L. Armaini .com	369-30-706		
	odnoc 191 - FULLA colla			The Second Second

STATE OF MARYLAND



			FOR Items 21a.	-21f.	STAT DEPARTMENT OF I	E OF MARYLAI IEALTH AND M		NE.		49 24
13	F		STATE Film#G533 7		DICAL EXAMIN		CATE OF DE	ATH .	REG. NO.	14
	SE SR FIS.		CEASED NAME JOEY	the Al	LEN	SHIM	ATE	20. DATE KNO OF ES DEATH MA	TI-	DAY YEAR 26. HOUR -14 19 0:45
		3. SEX	M 4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTHS DAYS	IF UNDER 24 HRS	PRONOUNCED DEAD	MONTH (	14 19 79 20 M
9			RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	8, MARRIED NE	EVER MARRIED DIVORCED	9. BALTIMORE	FOR D	Y OF DEATH
	PAGE PAGE SE FIED S, 301 V	10. CI	bey deen	(IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)  en Blvd.	OR OTHER INSTITU	JTION 126. US E16	SUAL OCCUPATION	Helpe	er Constr.
1201	RETAIN HOULD RECORD	130 S	LERSIDENCE (IF IN NURSING HOME OF TATE Hd. 13b. COUNT	OTHER INSTITUTION, GIV Y CEOPO	13 CITY OR TOWN	13d. INSIDE (	(ITY LIMITS?   13e. ST	REET ADDRESS I	Bouzart)	
E, MD. 2	S 1, 2, PM 3. VD 2 S VITAL		THER'S NAME FIRST eorge Washing	ston Shu	mate	E f	ER'S MAIDEN NAM	MIDDLE	Billir	LAST
BALTIMOR	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	1 16g. V	AS DECEASED EVER IN U.S. ARM S. NO. OR UNKNOWN) LIFYES, GIVE W POS Vietr	ED FORCES?	2650-C	957 M	Nancy	AL Ne	Sona do	oppa, Md.
ST.,	NA ING		PART I DEATH WAS CAUSED	one couse per line BY: E CAUSE (o)	for (a), (b), and (c).)	riple 1	morie	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	D WITHIN 24 PENCIL IN ITE AMINER ALO AMINER ALO -TRANSIT PEI ENTAL HYGIE REMOVAL.	7	Conditions, if ony, which gove rise to immediate		AS A CONSEQUENCE C	accio	dent.			
` €	EX. EX.		cduse (a) stating the <u>under-</u> lying cause lost.	< '	AS A CONSEQUENCE C	F				
CORDS,	Z Z Z Z Z Z	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	DN GIVEN IN PART 1 (a).	BULL THE		
ITAL REC	SHOULD BE IND THE IND	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?		3	20 AUTOPSY?
DIVISION OF VITAL RECORDS, 301	CERTIFICATE SHOTING THE WORD SED TO THE CH 3 SHOULD BE UDEPARTMENT OF PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF D	1. 100	MONTH DAY YEAR 6 1419 7		y occurred tente			1.5)
DIVISIO		MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE XXX AT WORK AT WORK	TIL DI ACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET	Ab	CITY OR TOWN	Blvd., cour	NTY STATE
	NER: THIS CATE, WRI FORWARI OR: PAGE THE STATE		22a. I certify that I took charge	of the remains desc	-	Autopsy ,	Inspection .	Inquiry .	, ond in my opin	2100
	CERTIFICATION DIRECTION OF WITH AMERICA		ACTUAL	couses $\Box$ ,	Accident , Sui	0	SPECIFY)	etermined manner	DATE	blidte
	TO MEDICAL EXAMINER: RECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATIMORE, MARYLAND, 2	3-	EXAMINER'S NAME	REALT	E1-MD	M.D	464 111:	DICAL EXAMINER	SIGNED THAT I	E COME MI
	TO A EXEC PAGE TO FI BALTI	23a.B	(TYPE OR PRINT) A// 2 23	b. DATE	23c. NAME OF CEA	ADDRESS_	ORY 23d. 1	OCATION	JIMYAC D	21004
	BP			ne 16.	1979 BelA	ir Mem.		BelAir	Harfor	rd. Md.
	DHMH - 17 (VR A15 ME (5))		INERAL DIRECTOR	ADDRESS			250. DATE PEGO	181979	h. REGELDALE	GARTURE LANGE
	15M 7/77	пО	ward K. McCon	ias III,	Abingdon	, Md.				

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGONE

	1.	REGISTRAR				CERTII	HEALTH AND MENTAL HYG		, ,	•	1	0
1	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	REG. I		DAY	YEAR	2b. HOU
41		OR PRINT)	CTD.	W.	and the	607.64	70.00					20.1100
14	3. SE	RO	OT.	4 RACE	The A william	SMA	OF BIRTH	6-13-7		IF UNDER	DIVEAD	IF UNDER
						MONT	TH 13 DAY . YEAR		_	MONTHS	DAYS	HOURS
		PEMATIE RTHPLACE (STATE OR F	OBEION	WHI'			13-16-90	9. BALTIMORE CITY	1 TKS		ATU	
39	CC	OUNTRY)	OREIGIN			MARRIE	ED NEVER MARRIED				AIR	
11.4	10 CI	POLAND TY OR TOWN OF DE.	ATH	US.		WIDOW	OR OTHER INSTITUTION	HARFOR			VA ID 01	F BUSINE
90				(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING	LIFE) IND	USTRY	L BOZINI
150	He	AL RESIDENCE (IF NUR	ace			URSING H		HOUSEWIE	TE	He	MEV	make
36	13a S	MD.	13b COUN	FORD	13c. CITY OR BEL	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 210 Wakely	Leri	race		
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA				-	
20	13	GABRIE		MIDDLE	Kohr		ANNA	BARBARA	Kos	SIENE	f St	12
1		VAS DECEASED EVER				SECURITY NO.	17 INFORMAN Browner	196 ADDI	RESS			
1	(Y	NO	(IF YES, GIVE	WAR OR DATES)	360-3	38-9179	Mc Edward C. K	710	wak!	EYIE	TAKE	2101
		Conditions, if ony gove rise to imm cause (0), statu underlying couse	, which mediote ng the	(b)		SEQUENCE OF			V			
	CATION	gove rise to imicause (a), statil underlying couse	, which mediate ng the lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	ONTRIBUTING	SEQUENCE OF	T NOT RELATED TO THE TERM	NIMAL DISEASE OR COI	20b. IF Y	res, were	FINDIN	GS USE
2	TIFICATION	gave rise to im- cause (o), stati underlying cause PART 2. OTHER SIG	, which mediate ng the lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	ONTRIBUTING	SEQUENCE OF			20b. IF Y		FINDIN	GS USE OF DEA
27	AL CERTIFICATION	gove rise to import to the couse of the cous	, which mediate ng the lost.  NIFICANT C	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CI  19b. COND  19b. TIME O  HOUR A	ONTRIBUTING  ITION FOR W  DE INJURY  M. MONTH	SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR	DN WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING C	FINDIN AUSES (	GS USE OF DEA
2	-	gove rise to im- cause 101, statii underlying couse PART 2. OTHER SIGI 19a. DATE OF OPERA 21a. ACCIDENT WAS UN	, which mediate ng the lost.  NIFICANT (  TION  DERLYING  CAUSE OF DEA CALEXAMINER)	DUE TO, C  (b)  DUE TO, O  (c)  19b. CONDITIONS C  19b. COND  19b. TIME C  HOUR A	ONTRIBUTING	SEQUENCE OF	DN WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING C	FINDIN AUSES (	GS USEI OF DEAT
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29	-	gove rise to import to the cause (a), statily underlying couse.  PART 2. OTHER SIGNATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d. INJURY OCCUR  WHILE NOTHY MEDIC 12d. NOTW AT WORK 122a.1 certify that (1)	which mediate may the lost.  TION  DERLYING CAUSE OF DEA ALEXAMINER)  RED  (this hospi	DUE TO, CO  (b)  DUE TO, O  (c)  19b. CONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A CATHOME, ST	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  ACCEPTAGE  ACCEP	TO DEATH BUT  HICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CER	YES, WERE TIFYING C YES 8, PART 1 OR P	FINDIN AUSES (	GS USEI OF DEAT NO [
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29	-	gove rise to import to cause 101, statil underlying couse  PART 2. OTHER SIGI  19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR  WHILE NOT WAT WORK AT WC  22a. I certify that (I) say the decay obove, (I) (we)	which mediate may the lost.  TION  DERLYING CAUSE OF DEA ALEXAMINER)  RED  (this hospi	DUE TO, CO  (b)  DUE TO, O  (c)  19b. CONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A CATHOME, ST	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  ACCEPTAGE  ACCEP	TO DEATH BUT  HICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR!  216. HOW INJURY OCCUR!  216. LOCATION STREET  19  19  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJ  CITY OR TO  depth occurred on the of  EDICAL ST.	70b. IF Y IN CER	COUNT ON THE COUNT OF THE COUNT	FINDIN AUSES (PART 2)  NTY  , tl om the c	GS USE OF DEAT NO [ st
2	-	gove rise to import to the course of the cou	which mediate ng the lost.  NIFICANT (  TION  DERLYING CAUSE OF DEA.  ALEXAMINER)  RED  ((this hospi	DUE TO, CO  (b)  DUE TO, O  (c)  19b. COND  19b. COND  21b. TIME C  HOUR A  P.  21e. PLACE (AT HOME, ST  tol) often fod  1) view the body	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  ACCEPTAGE  ACCEP	TO DEATH BUT  HICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	21f. HOW INJURY OCCURE  21f. LOCATION STREET  19  19  DEGREE  ATTENDING PHYSICIAN	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJ	70b. IF Y IN CER	COUP	PART 2)  NTY  Om the c	GS USEI OF DEAI NO [  sti hot (1) (v ouses sto
2 9	-	gove rise to import to cause 101, statil underlying couse  PART 2. OTHER SIGIL 190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR  WHILE NOTIFY MEDIC 220. 1 certify that (I) saw the decease obove, (I) (we) (22b. SIGNATURE)  22d PHYSICIAN'S N	Which mediate may be lost.  TION  DERLYING CAUSE OF DEAL CALEXAMINER;  RED  White Cause of Deal Calexaminer;  (this hospi add did did no Cause of Deal Calexaminer)  AME (Type of Deal Cause)	DUE TO, CO  (b)  DUE TO, O  (c)  19b. CONDITIONS C.  19b. TIME C. HOUR A. HOUR A. 21b. PLACE (AT HOME, ST.  11) view the basis	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  ACCEPTAGE  ACCEP	TO DEATH BUT  HICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR!  23f. LOCATION STREET  10 10 10 10 10 10 10 10 10 10 10 10 10	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJ  CITY OF TO  depth occurred on the or RECTOR PHYS	20b. IF Y IN CER	COUNTY OF THE PROPERTY OF T	PART 2)  PART 2)  Om the control of	GS USE OF DEA' NO [ shot (1) ( couses should be signed 3,19°
29	MEDICAL	gove rise to import of the course of the cou	Which mediate may be lost.  TION  DERLYING CAUSE OF DEA ALEXAMINER;  RED  (this hospi ed alive on did) (did no	DUE TO, CO  (b)  DUE TO, O  (c)  19b. CONDITIONS C.  19b. TIME C. HOUR A. HOUR A. 21b. TIME C. HOUR A. HOUR A. 19 view the basing th	ONTRIBUTING  ONTRIBUTING  OF INJURY  M. MONTH  M. OF INJURY  OF INJURY  ACCEPTAGE  ACCEP	TO DEATH BUT  THICH OPERATION  TO DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR!  23f. LOCATION STREET  19  19  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  319 S. LINTON	Z00 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OF TO death occurred on the orector PHYS	20b. IF Y IN CER	COUNTY OF THE PROPERTY OF T	PART 2)  PART 2)  Om the control of	GS USE OF DEAT NO [ standard of the courses standard of the course standard of the co
29	WEDICAL MEDICAL	gove rise to import to cause 101, statil underlying couse  PART 2. OTHER SIGIL 190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR  WHILE NOTIFY MEDIC 220. 1 certify that (I) saw the decease obove, (I) (we) (22b. SIGNATURE)  22d PHYSICIAN'S N	Which mediate may be lost.  TION  DERLYING CAUSE OF DEA ALEXAMINER;  RED  (this hospi ed alive on did) (did no	DUE TO, CO  (b)  DUE TO, O  (c)  19b. CONDITIONS C.  19b. TIME C. HOUR A. HOUR A. 21b. TIME C. HOUR A. HOUR A. 19 view the basing th	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF	TO DEATH BUT  THICH OPERATION  TO DAY YEAR  TO DAY YEAR	216. HOW INJURY OCCUR!  23f. LOCATION STREET  10 10 10 10 10 10 10 10 10 10 10 10 10	Z00 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJ  CITY OF TO  DEDICAL ST,  RECTOR PHYS  AVENUE HAV  133d LOCATION	20b. IF Y IN CER	COUNTY	PART 2)  NTY  Om the c  DATE S  CE	GS USEI OF DEAT NO [ st hot (I) (v couses sto SIGNED 3,19]

Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov

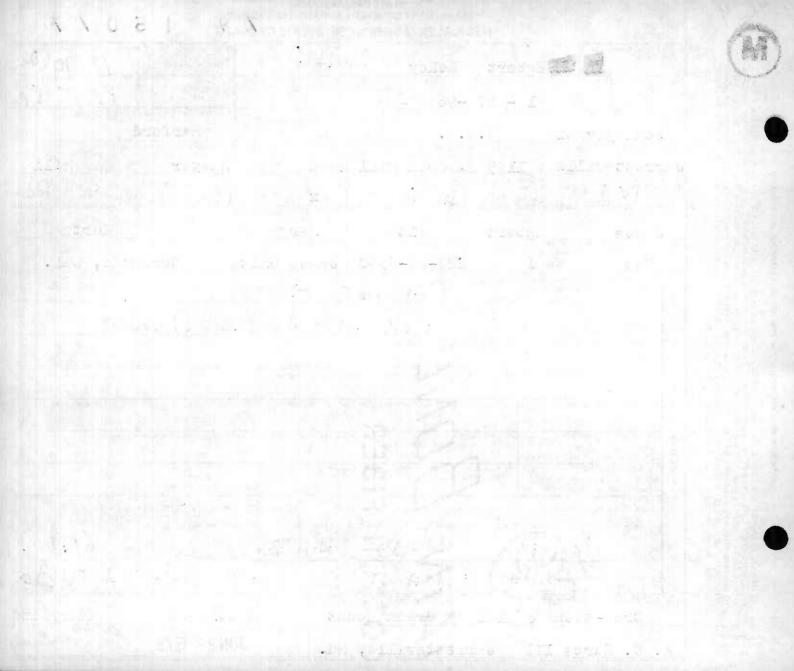
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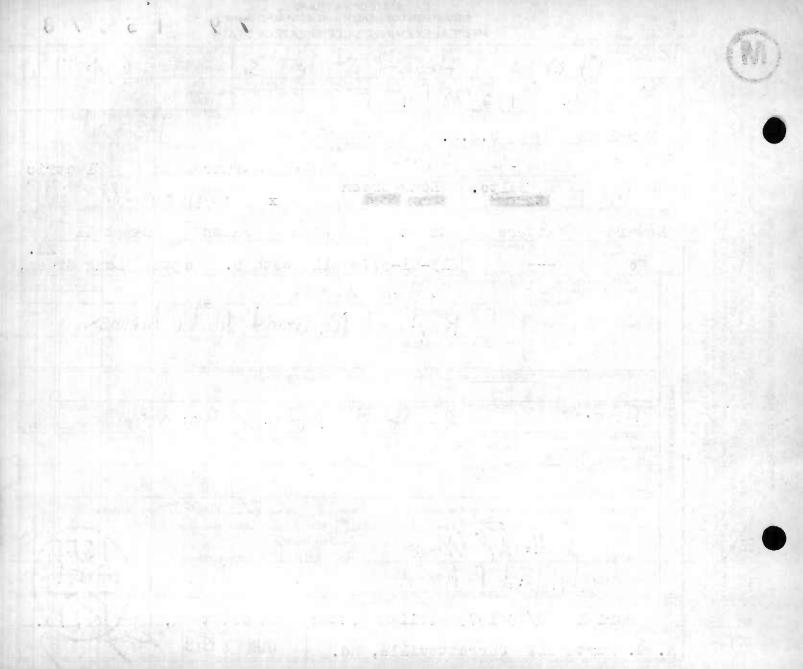
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		11-	FOR STATE			H AND MENTAL HY		5 0	77
	VI I		REGISTRAR  EASED NAME & FIRST	MEDICAL	EXAMINER 5	CERTIFICATE OF	2a DATE KNOWN	NO. MONTH DA	Y YEAR 2b. HOUR
(	R & SF!		OR PRINT)		Roy J	mith	OF ESTI- DEATH MATED	7/1-	1070 600
	DIRECT OUR FILE 72 HOUR ON STREE	3. SEX		S. DATE OF BIRTH		NDER I YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DA	Y FEAR 2d HOUR
	ARY, L DIRI ON S		W (ANG	1 - 27 -96	83 YRS.	HOOKS HOOKS	DEAD	6//	19/9 6 PM
-	FOR YOU WITHIN 72 PRESTON	7a. BI FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARR		D L	TY OR COUNTY O	FDEATH
	70.0	10.01	Pennsylvania	U.S.A.	WIDOV				MD.
	THE SOL		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		OR INDUSTRY
	DELA S TO S BE P		rrettsville LRESIDENCE (IE IN NURSING HOME OI	1123 Bald	Win Mill E BEFORE ADMISSION	Road	Sawyer	Sa	aw Mill
21201	IF ANY DEI	13a. S	TATE Md 136. COUNT		YETTSYITE	YES X NO	13e. STREET ADDRESS C	saldwin 1	Mill Rd
WD.	I NA	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME . MIDDLE	2.	LAST
E.	PAGES ORM P				Smith	Mary 17. INFORMANT	ADDF		ırtz
BALTIMORE,	E = 20	160. V	(AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (IF YES, GIVE V Yes WW	VAR OR DATES)	CIAL SECURITY NO.				0-3
BALT	JRS AI WITH PAGI				-26-6340	James Sm	ith Co	ronado,	Cal.
7			PART I DEATH WAS CAUSED	BY:	3K413	c AYY	729	В	ETWEEN ONSET AND DEATH
ON	HIN 24 HO IN ITEM I R ALONG SIT PERMI HYGIENE,		4/40 IMMEDIAT	DUE TO, OR AS A CO	NSEQUENCE OF	1 1	11 10	-	
W. PRESTON ST			Conditions, if ony, which gave rise to immediate	(b)	Arterio	21/0/1/25	Wart 1	21238	
			couse (o) stoting the <u>under-</u> lying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF		3		
301	KECUTE S" IN P AL EX, BURIAL AND A			(c)					
DIVISION OF VITAL RECORDS,	"PENDING" IN P "PENDING" IN P IEF MEDICAL EXA SED AS A BURIAL SED AS A BURIAL CREMATION, OR	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1 (a).		
I RE	HIEF A	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION V	VAS PERFORMED?		20	). AUTOPSY?
VITA	Y & O H O A	E		100			**	5	YES 🗆 NO 🕱
ON OF	CERTIFICATE ( TING THE WO DED TO THE 3 SHOULD BI DEPARTMENT PRIOR TO BUR	CALCE	210 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
IVISI	E: THIS CERTIFIC, IE, WRITING THE PRWARDED TO 1 : PAGE 3 SHOUI STATE DEPARTW 21201 PRIOR TO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM,		OCATION STREET	CITY OR TOWN	COUNTY	STATE
۵	E, WRI RWARD PAGE STATE	1	AT WORK AT WORK	1					- 1000
			22s. I certify that I took charge	of the remains described ab	ove, held on Autor	osy , Inspection	Inquiry	ond in my opinion	1
	ERTIFICATION OF THE BE FOUND B		death resulted from Natur	ofcount Accident	, Suicide	, Homicide ,	Undetermined monner	],	11040
	CERTIFICA CERTIFICA ULD BE F DIRECTO WITH TH		ACTUAL ALA	Janal H.	Mars	THE (SPECIFY DE		DATE	6/11/19
	CAL THE SHO SHO ATH,	1	SIGNATURE //		11100	A.D. THE	MEDICAL EXAMINER	SIGNED	111
	TO MEDICAL EXAMINE! EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	1 Y DIEII.	1 Mo22	ADDRESS 240	4 Pleasant	Wille Rd.	Falston
	PAC PAC AFT BAL	23a.Bl	JRIAL, CREMATION, REMOVAL 23		NAME OF CEMETERY		23d LOCATION CITY OR TOWN Baltimore	COUNTY	STATE
	BP	24 FI	Cremation	6/21/1979	Green Mou	LNT 125a, DATE RE		REGISTRAR'S AJGN	Maryland
	DHMH - 17 (VR A15 ME (5))		NAME	TT Jarret	tsville,		JUN 2 2 197	9 Trink	
	30M 7/73	M	. U. RULUZ I.	TT SOTIE	OBATTTE	1100	1	-	

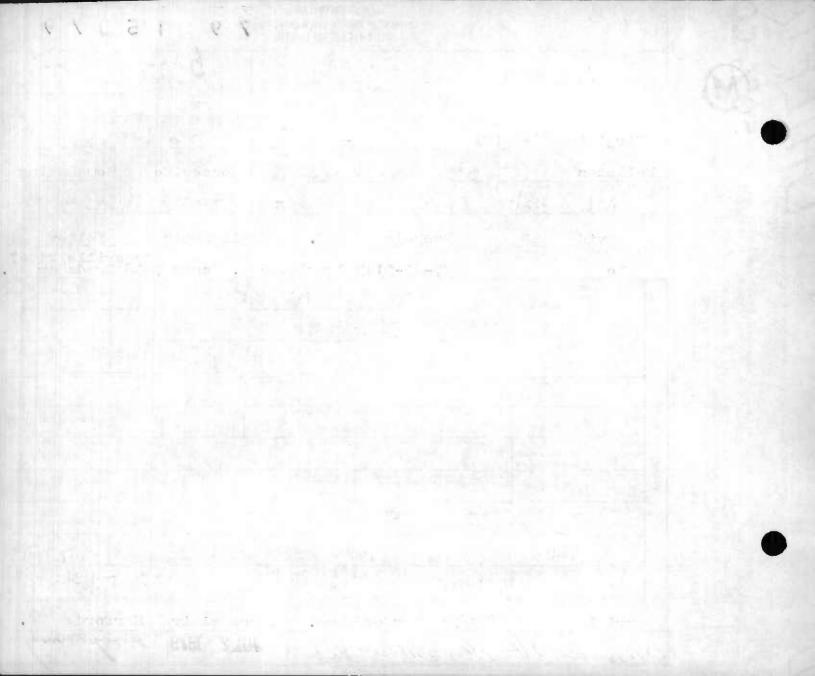
STATE OF MARYLAND



	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGHENE
3 1	- STATE AMEDICAL EXAMINED/S CERTIFICATE OF TEATY
1	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  PREST MIDDLE  LAST 20. DATE KNOWN MONTH AND THE PREST NO.
	TYPE OR PRINT) Charles Howard Stype 50 DEATH MATED [ 6 25 ] 9
3. :	A RACE S. DATE OF BIRTH OAT BURNEY OF THE STREET OF THE ST
1	OF AD YRS. DEAD
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CLYNOF COUNTRY OF DEATH FOREIGN COUNTRY)
20	Maryland U.S.A. WIDOWED DIVORCED CITY OF TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD IN KIND OF MUSING SECTION OF DEATH)
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (SENOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Patrolman  Electric
US	UAL RESIDENCE (IF IN NURSING HOME OR OLDER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
7	1X
14.	FATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST AIDDLE LAST LAST 2.105
1	Howard Watters Street Jane Ellen Campbell
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 177. INFORMANT  ADDRESS  Md
F	No     213-01-3774   Elizabeth S. Siegman Long Green
L	18. CAUSE OF DEATH (Enter anly ane cause per line fac.(g), (b), and (c).)  PART I DEATH WAS CAUSED BY:  BY CAUSE OF DEATH (Enter anly ane cause per line fac.(g), (b), and (c).)
	14-14 2 IMMEDIATE CAUSE (a) CONSEQUENCE OF A CONSEQUENCE
	Conditions, if any, which Knother Anchoring ADVIC MANNET
	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF
	lying cause last.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).
1	
CERTIFIC ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
	6/25/11 KUDINGER HOROMING HINGHY SOM YES INO [
1	CONTRIBUTING CAUSE OF DEATH P.M. 19
NEDICA:	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN COUNTY STA
	AT WORK AT WORK
	22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my apinion
	death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner .
	ACTUAL ALAMAN MAN TITLE (SPECIFIC DATE G 25)
4	SIGNATURE M.D. ON MEDICAL EXAMINER SIGNED
2	EXAMINER'S NAME WILLAYA R AMOSS ADDRESS 2404 Pleas 2nd Wille KI FON 200
23	BURIAL COPMATION PEMOVAL 1735 DATE 122, NAME OF CEMPTERY OF COPMATORY 1236 LOCATION
	Burial 6/29/1979 William Watters Cem Cooptown, Harford, Md.
24	FUNERAL DIRECTOR 256, DATE REC'D. BY REGISTRAR 256, RECORD AND AND AND AND AND AND AND AND AND AN
1	1. G. Kurtz III Jarrettsville, Md. JUN 28 1979



(VR A 15 (4))



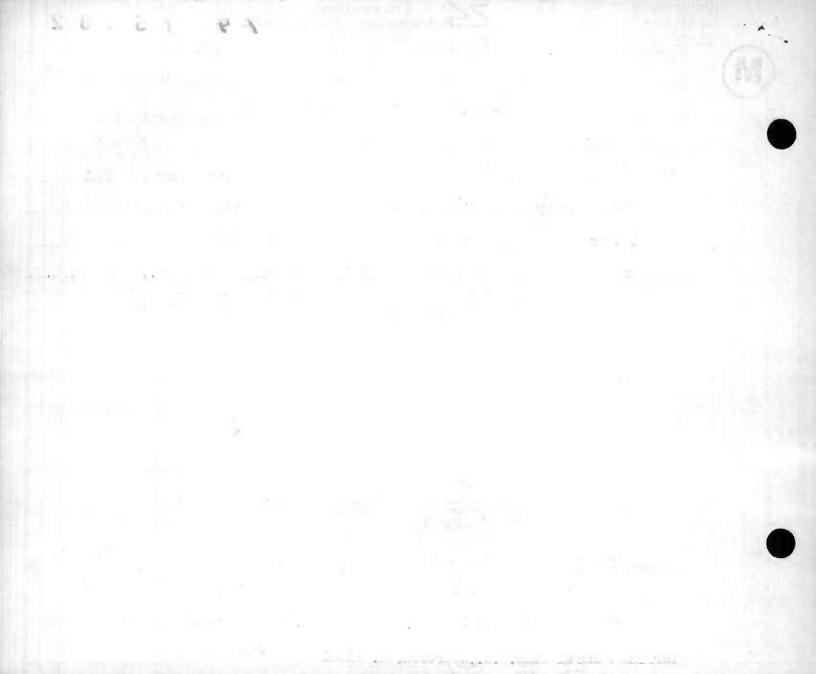
N)	1		FOR item 2c #G5	33 7/19/79 Ph STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE ()	0 0
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700	1	{TYF	E OR PRINT)	MILIAN Tecke Death MATED & 62	3 1079 11:52A
90-0		3 SE	1 6	5. DATE OF BIRTH MONTH DAY YEAR (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
SARY, P	2		KI (SMC	9- 7-1905 73 YRS.	3 1979 M
NECESSAIN FUNERALD 5 FOR YOU	PRESTON Y L	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	/ OF DEATH
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		14. F	THER'S NAME	MIDDLE US NOTHER'S MAIDEN NAME MIDDLE	TACT
AORE, MD FER DEATH PAGES 1, ORM PM	\$1,70	- 8	John	Teckelt Regina Butts	zlander
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ST., B HOUR A 18. AG W MIT. F	Ē,		<ol> <li>CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED</li> </ol>	BY: Aryest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST., E N 24 HOU N ITEM 18. ALONG V	HYGIENE,		195 IMMEDIATI	DUE TO, OR AS A CONSEQUENCE OF	
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DIN THIS C WRIT RWARDI PAGE	STATE [	>	AT WORK AT WORK	STREET CHECK TOWN COUR	IIT STATE
	H, WITH THE STATE DEPARTA MARYLAND, 21201 PRIOR TO		22a. I certify that I taak charge	of the remains described above, held an Autapsy , Inspection Inquiry , and in my api	nian
EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR:	WITH THE ARYLAND,		death resulted fram: Nature	causes Acident , Suicide . Hamicide . Undetermined manner .	. / / .
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR:	WIT		ACTUAL AND	TITLE (SPECIEX) DATE	6/23/19
CAL	DEATH,		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	0/20/11
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL I	AFTER DEATH	23 a. B	JRIAL, CREMATION, REMOVAL 23	b. DATE 231. NAME OF CEMETERY OR CREMATORY 238. LOCATION	
BP		(:	PECIFY)	6-26-1979 Belair Mem. Gardens Belair Harford	Md.
DHMH -			JNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S.SI	GNATURE Cready
(VR A15 ME 30M 7/	73	E.	F. Lassahn, 117	50 Belair Rd. Kingsville, Md. 21087 JUN 28 1979 Mark	

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AORE ORWING NORW	16a. V	VAS DECEASED EVER IN U.S. A	RMED F	ORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRES 39/17	St. Johns Lane
ALTIA SS AFI GIVE TITH P PAGES		Yes 1 W.			212-05-098	32	Mr. Henry.			ottCity,21043
DURS 18. G WIT. PA		18 CAUSE OF DEATH (Enter	only one	cause per line fo	(o), (b), and (c),	4	N			APPROXIMATE INTERVAL
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AI EXA HE CER HOULD HOULD TH, WIN	165	ACTUAL SIGNATURE	W	1 1/-	(Mm67)		TITLE (SPECIFY)	)	DATE	(171)
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		FOR STATE REGISTRAR	Total Control	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	004
)	(ТУР(		ton MMN	Thomas	20 DATE OF DEATH MONTH DI	AY YEAR 25. HOU 18 1979 9
	3. SE	Male	RACEBLACK	5 DATE OF BIRTH MONTH DAY YEAR 10 10 1904	71 YRS.	F UNDER I YEAR IF UNDER
7 of once	7 Sc	IRTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED     WIDOWED   DIVORCED	1	artord
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exomine	14. F/	ATHER'S NAME FIRST Luther	MIDDLE LAST Thomas	15. MOTHER'S MAIDEN NA	UNKNOWN .	LAST
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	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND I	MENTAL HYG	iple 9	REG	, NO.	5 0	8	3
		CEASED NAME ORPRINT)	JESSIE		Strong		EED		20 DATE	OF DEATH	6 MONTH	1	YEAR 1979	2: 25 a
	3. SEX	FEMALE		4 RACE	VHITE	5. DATE C		YEAR 1895	6. AGE (	IN YEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN
7	cc	RTHPLACE (STATE OF DUNTRY) MARYLANI		US		MARRIE	-	VORCED		HARFO	Y <u>OR</u> COU ORD CO	UNTY		MD.
0	HA	VRE de GI	RACE	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET ZENS NUR	ADDRESS)		TITUTION		AL OCCUP VORK FOR MO CASHI	ST OF WORKIN		Ib. KIND O NDUSTRY	F BUSINESS OR
36	130. S MA	AL RESIDENCE (IF NU TATE LRYLAND	136. COUN HARE	TY	13c. CITY OR TOW HAVRE de	/N		NO []	12	et addre:		STRE	ET	E1.8
20		THER'S NAME FIRST WILLIAM	(N	.M.N.)	STRON		N	S MAIDEN NAM FIRST IARY	ME	MIDDL A	(H	ill)	STRO	
1	16a W	VAS DECEASED EVE ES, NO OR UNKNOWN) No		MED FORCES? WAR OR DATES)	212-20-4		Frank	Baldwi	n , :		ilsen	Stre		MATE INTERVAL
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9	CERTIFICATION	19a DATE OF OPER	ATION		ITION FOR WHICH	OPERATIO	. 00.			UTOPSY?	IN CE	YES, WE RTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH? NO
7	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEA	216. TIME O HOUR A. P. 21e PLACE	M. MONTH D M.	AY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTE	R NATURE OF I	njury in Item	18, PART 1 C	OR PART 2)	
	WE	WHILE NOT AT V  220. I certify that (	WHILE VORK	(AT HOME, STE	REET, FACTORY, OFFICE,	5/	STREET	, 19	, to	E/	1/		/	state: that (I) (we) lost
		226. SIGNATURE	th. I	Ner S	after death.		DEGRE	PHYSICIAN Z	* MEDIC	AL S	STAFF		The Date	signed 79
1		DR.		AN , M.I	).		HAVRE	E de GRI	AC,	MARY	LAND	/	1	
	23a. B	BURIAL, CREMATION Buria		236. DATE 6/5/1			a Ceme		CI	CATION TY OR TOWN	ia I	Harf		STATE

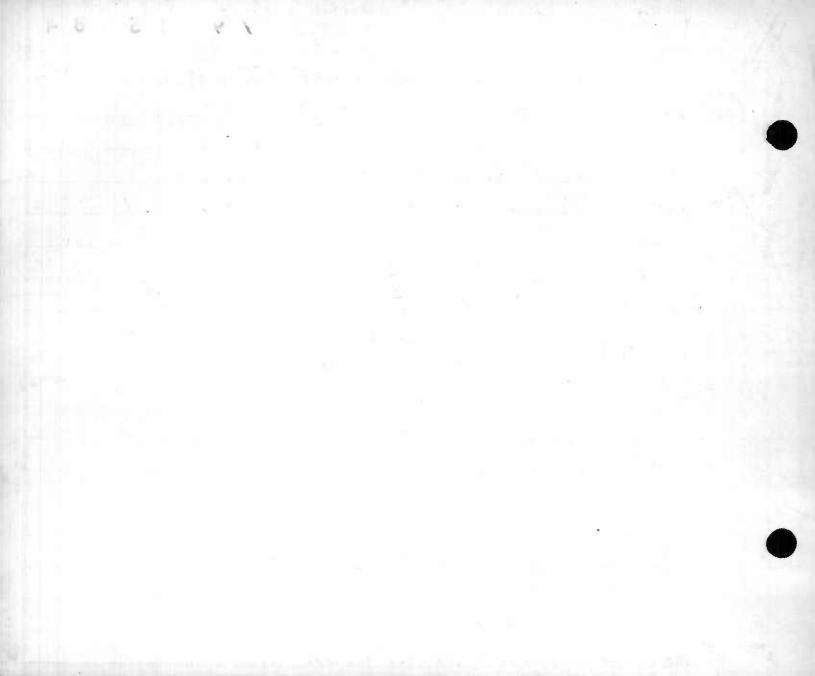
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR

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4	,	I DEC	REGISTRAR EASED NAME FIRST	MIDDLE		CATE OF DEATH	REG. N		a las vienes
* 75	/-		RPRINT!	11 / de	14/4	1 1	DATE OF DEATH	MONTH DAY YEAR	26. HOUR
6 80		3 SEX	HILLA	RACE	S. DATE O	WRIGHT	OUNE 27	HDAY FUNDER I YEAR	R IF UNDER 24 HR
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the state of	46	Ha	used. GRACE	HAOF A MA	TREET ADDRESS)	Hospital	HOLES PLANT	F WORKING LIFE) INDUSTRY	1
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and a sond	120		JOHN	17	05	Alice	moore	Derwi	SOAL
e executed n and camp Pages 1 or			AS DECEASED EVER IN U.S. ARM S, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL S	ECURITY NO	17 INFORMANT	ADDR	ESS	6.11
		<u> </u>	NO	216-1	2-0826	Larolyw Kin	20/d 1/3	Bush chap	o/Rd >
0 00 - E			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for jai, (b	, and ich.	1 1	0. 1	A BETWEEN	XIMATE INTERVAL
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offend ooffend ooffend object offen, o			Conditions, if any, which gave rise to immediate	(b) V	slas	cuen	AUGTO	m	
			couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF	2º ASCU	O Cain	Denie	
ed by the please re- rial, crem				(c)		N	1	- CU-V	
signe Then p to bur		z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING</u>	TO DEATH BUT I	NOT RELATED TO THE TERM	HILDISEASE OR CON	DITION GIVEN IN PART I	101
9 - 0 >		CERTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	L WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WERE FIND	INGSTISED
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ws we	) / [	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	74	92	МО
The lo			OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR				
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hysician. icote has ronsit per Hygiene 18 shaws			(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 210. PLACE OF INJURY	19	21f LOCATION	1.7		
hysician. icote has ronsit per Hygiene 18 shaws		3	(IF EITHER, NOTIFY MEDICAL EXAMINER)			21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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or ottending physician.  After this certificate has se as the burial-transit per all on the burial trygiene marked or them 18 shows		MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHIE NOTIFY MEDICAL AT WORK 270-1 certify that (1) (this hospite	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.]	STREET	to DUNE	27 19 79	, that (I) (we) la
ATTENDING PHYSICIAN The Ichospital or attending physician. IRECIOR: After this certificate has hed for use as the burial-transit peept of Health and Mental Hygiene sept of Health and Mental Hygiene.		MEDICAL	(FEITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270-1 certify that (1) (this hospital)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.]	street  , 19  d that in (my) (aur) opinion	death occurred on the d	27 19 79 ate and hour and from th	, that (I) (we) la
c ATTENDING PHYSICIAN The is no physician. The hospital or ottending physician. DIRECTOR: After this certificate has orbed for use as the burditronal per Dept of Health and Mental Hygiene Health and Rental Hygienes.		MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this hospital and the decented alive on above. If Jee Joint (individual and the decented alive on above. If Jee Joint (individual and the decented alive on above. If Jee Joint (individual and the decented alive on above. If Jee Joint (individual and the decented alive on above. If Jee Joint (individual and the decented alive on above.)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.]	street , 19 d that in (my) (our) opinion	death occurred on the d	27. 19 79 ate and hour and from the	, that (I) (we) la e couses stated
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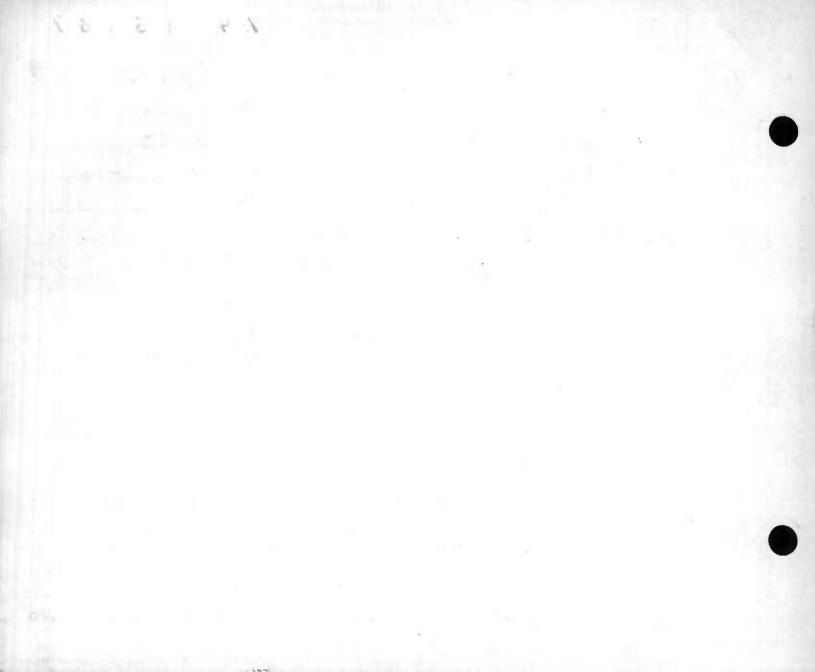
STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 2 HOUR (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX HTHOM BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 1204RB01 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d. INSIDE CITY LIMITS? HAVRE GEGRACE NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ACOB 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line force), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTY YES [ NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 5 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK spital) attended to deceased from that (1) (this and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated Dept. DEGREE ATTENDING 4 STAFF O FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS Oh 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE DHMH-16 60M 1/73 (VR A 15 (4))

STATE OF MARYLAND

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·a 1.	DECE	ASED NAME FIRST	WIDDLE	LAST LAST	20. DATE KNOW OF ESTI-	N D MONTH	DAY YEAR 171 H	26
TREET,	SEX	1. RACE S.DA	ATE OF BIRTH  S. AGE (IN YEAR  NTH DAY YEAR  LAST BIRTHDAY		DEATH MATE	MONTH MONTH	DAY WAS 14	HOUR
7 7	a BIRT	W W	NTH DAY YEAR LAST BIRTHDAY  TIZEN OF WHAT COUNTRY	The same of the sa	PRONOUNCED DEAD 9. BALTIMORE C	G-	21 1979 VI	33 LM
31	FOREI	COUNTRY)	45 A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Hs.	RFOR	2)	MD.
60	HIV		IAME OF HOSPITAL, NURSING HOME, FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION OR MOST OF WORKING LIFE		12b KIND OF BUSINE	SS
	SUAL 1		R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN		STREET ADDRESS	HARESZ FAILURI	P) BOY	***
7/	FATE	TER'S NAME	u/hited	15. MOTHER'S MAIDEN NA.	ME MIDDLE	5 1	Placter	<u></u>
2 10	6a. WA {YES,	S DECEASED EVER IN U.S. ARMED F NO DBUNKNOWN) (IF YES, GIVE WAR OF	ORCES? 166, SOCIAL SECURITY	NO. 17. INFORMANT	eft ADD	RESS	Same	
	11	B. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:  IMMEDIATE CAI  Conditions, if ony, which gave rise to immediate cause (a) stating the under-	Com	SCUD.	Desc	are	APPROXIMATE INTER- BETWEEN ONSET AND D	DEATH
		lying cause last.	(c)  NUTING TO DEATH BUT NOT RELATED TO THE TERMIN		l.			
9	CATIC	90. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		14	20 AUTOPSY?	
	U	ID EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA		
	ž 7	ONTRIBUTING CAUSE OF DEATH  Id. INJURY OCCURRED  VHILE NOT WHILE  AT WORK AT WORK	P.M. 19 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	co	uniy s	TATE
RE, MARYLAND, 21201 PRIOR TO BURIAL, C	/		ase remains described above, held an Accident Suice	TITLE (SPECIFY)	determined manner	and in my o	1/2/1/19	3
TIMORE, MA	(1	XAMINER'S NAMELUIS E.	CENTEL, M.D.	ADDRESS 464 AU	IAMEST.	HAVRE	DEGRACE,	m)
	(SPEC	ALCREMATION, REMOVAL 23b. DA	94-79 Calver	Y Baptist K	LOCATION LYDRIGWN	SUNCOU	Cecil M	1
2	A. FUN	igral Director  Ale hard & Car	ADDRESS (Lains	250. DATE RECD.	N2 5 1979	REGISTUR'S	ing Mc Creedy	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND	MENTAL HYG DEATH	IENY S	REG. NO.	1.5	0 8	9	
-		EASED NAME FIRST	Wi	IDDLE	L.	AST		20. DATE C	OF DEATH M		AY YEAR	26 HOUR	
	( ITPE	OR PRINT)  LINU	S WIL	LIAM	WIPF	EL		Ma	y 20,	1979		6:25	AM
	3. SE)		4. RACE		5. DATE C	F BIRTH	3 63 1		YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 2	
		Male	Whit	e	Aug.		1911	67		YRS	ONTHS DAYS	HOURS	MIN
1		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER		9 BALTIM	ORE CITY OR		OF DEATH		
1		ndiana	USA		WIDOWE		VORCED [	Н	arfor	d Cou	intv		MD.
12		TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUA	L OCCUPATIO	N	126 KIND O	F BUSINES	SOR
1		11ston /		on Gene		Hospi	tal		esman	WORKING LIFE	Ret		
0	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, O	13c. CITY OR TOW	ADMISSION)	13d INSIDE	ITY LIMITS?	13e. STREE	T ADDRESS				
2		A + D - A A A A A A A A A A A A A A A A A A	doun	Purcell	Lvill	-	NO	Rt	1. Box	x 1-8	SD		
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE	MIDDLE	- 1	LAS	т	
1		~ 000000		Iippel			lsie	-14	C	Rea	adinge	r	
2	16a. W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IEXES GIV Yes	MED FORCES?	166 SOCIAL SECU 18-09-34	RITY NO.	17 INFORM			ADDRES	Les	esburg Home,	, Va	١.
		Yes WWI	1 28	8-09-34	162	Muse-	Reed-E	sange	Fune	ral F		MATERITIES DESET AND D	_
	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUE	11/55-50//	Description	Kula TOTHETERM	Jung NINAL DISEA		ITION GIVE	N IN PART 1(c	01	
	TION	Timal t	alme,	men	osch	none	HEA	N	wa	SVOR	MEDE ENIDA	100	
7	CERTIFICATION	190 DATE OF OPERATION	196. CONJOIT	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED '	YES [	NO		, WERE FINDING CAUSES		
7	WEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	P.A	a. MONTH DA	YEAR	Wo	NO 5	RED LENTER I	mature of injury	IN ITEM 18, PA	ed ?	int ma	m
5	MED	21d. INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATI STREET	ON	1	CITY OR TOWN	4	COUNTY	STA	TE,
9		22a.1 certify that (I) (this haspi		deceased from _			, 19	, to				that (I) (w	
	130	saw the deceased alive on	t view the body o	ofter death.		nd that in (my	(our) opinion	deoth occur	red on the dot	te and hour			red
		776 SIGNATURE IIIIA	NOB.	mo	D. r	DEGREE	ATTENDING PHYSICIAN D	MEDICA DIRECTO	L STAFF		May 2		79
		WILLARD P.	AMOSS,	M.D.		228. ADDRE 2404	Pleasa	antvi	lle R	d, Fa	to Messa	15/15	
	230. F	SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR		23d. LO	CATION				
	(:	FEREmoval M	ay 20.1				nge F	.H.Le	esbur		oudoun		
		oward K. McC	omas II	II, Abir	ngdor	n,Md.	JUN	1 8 1S	REGISTRAR 2	Sh. REGISTI	RARIS	Mary	

DHMH - 16 50M 7/77 (VR A 15 (4))

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Walter Brooks Bradley Inc., Dundalk, MdJUN

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGENE

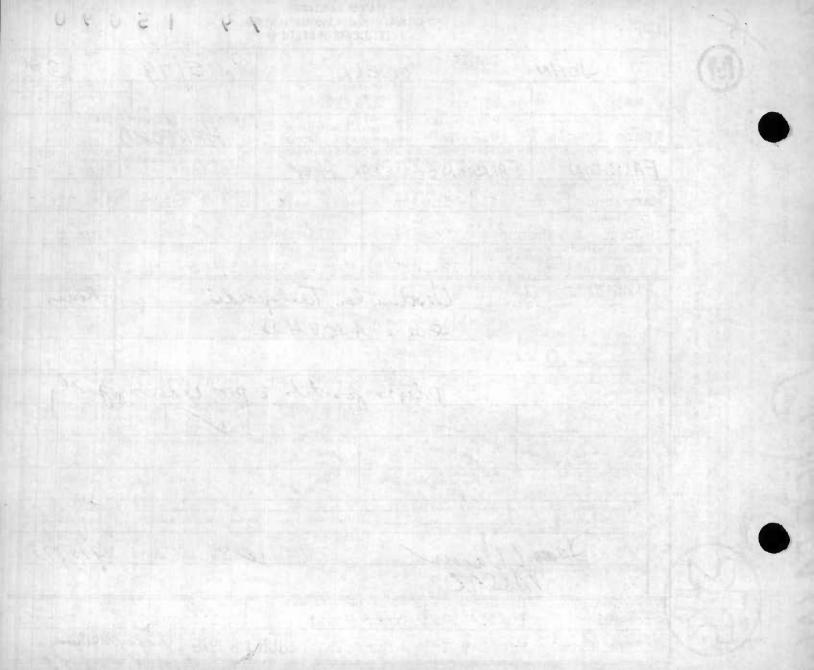
FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))



of			STATE OF MARYLAND		
and 1.	FOR STATE		OF HEALTH AND MEN	/ 9	5091
1.0	REGISTRAR CEASED NAME FIRST		MINER'S CERTIFICA		5. NO.
	CEASED NAME FIRST	WIDDLE	7:41	20. DATE KNOWN OF ESTI-	100 000 1.4
. SI	X 4. RACE 15.	DATE OF BIRTH 16 AG	(IN YEARS   IF UNDER   YR.   IF L	SR. DEATH MATED	
3. 31	M Cause 1	AONTH DAY YEAR LAS		UNDER 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 2d HOU
e e		8 7 4 6 CITIZEN OF WHAT COUNTRY?	YRS.	DEAD P RAITIMOPE CI	19 17 OR QOUNTY OF DEATH
	OREIGN COUNTRY)	11 C.A	MARRIED NEVER	MARRIED	TO VE
0. (	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		N 12ª USUAL OCCUPATION	(TYPE OF WORK 12b. KIND OF BUSINESS
1	Fallston	FOR SUCH FACILITY, GIVE STREET AD	DRESS) DSQ	Paint Fore	OR INDUSTRY
13a.	AL RESIDENCE (IF IN NURSING HOME OR OT STATE TO LECOLINITY	HER INSTITUTION, GIVE RESIDENCE BEFORE	WN 1 13d. INSIDE CITY LI	MITS? 130. STREET ADDRESS	onwood Road.
14. 1	ATHER'S NAME FIRST MI	IDDLE (AST	15 MOTHER'S	MAIDEN NAME ( MIDDLE	'a LAST
	Leroy	Zittle	Alic		
160.	WAS DECEASED EVER IN U.S. ARMED	OR DATES)			
	NO	216 07	8772 Ernes	t L. Zittle 2	32 Kirshaw Ct.
	18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY		1. Arros	h	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	1/1/1/ IMMEDIATE C	AUSE (a) AFOI	AC KIN LCZ	V	
	Canditions, if any, which	Doe 10, OKAS A CONSEGO	U situlalaza	eart Dize 226	
	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUE	DOCITYOU M	1911 9 194 90 (	
	lying cause last.	A STATE OF S	INCE OF		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	NE TERMINAL DISEASE OR CONDITION GIV	FN IN PART 1 (n)	
NO		hranic Or	structive	Pulmonery)	9869210
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20. AUTOPSY?
TIFIC					YES NO
	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	
MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M.	19		S. There are to be to be
MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK				
	220. I certify that I took charge of	the remains described above, hel	d an Autopsy , Ins	spection Inquiry Inquiry	and in my apinion
	death resulted fram: Natural c	auses . Accident .	Suicide . Hamicide	Undetermined manner	],
	ACTUAL AND ALLA	IN am	TITLE (SPEC	EV.	1/cha
	SIGNATURE VIVIV	MU V- UVINO	M.D. #357	MEDICAL EXAMINER	DATE SIGNED DIST
	EXAMINER'S NAME	ord P. A moss	21	HILLTERSTAPIN + 14	e Rd Folkton M
730	(TYPE OR PRINT) VI		OF CEMETERY OR CREMATORY	1234 LOCATION	, 10, 11, 10, 11, 17
230.	Burial 6	/18/79 Glen		Pk. Glen Burr	nie A.A. Md.
24.	UNERAL DIRECTOR	R	21 to 21 225 250.	DATE REC'D. BY REGISTRAR 25b. F	
(	George J. Gonce		e Hgwy	HIN 1 9 1979	history/Ka Gready

